

Name
in
Full

CERTIFICATE OF DEATH

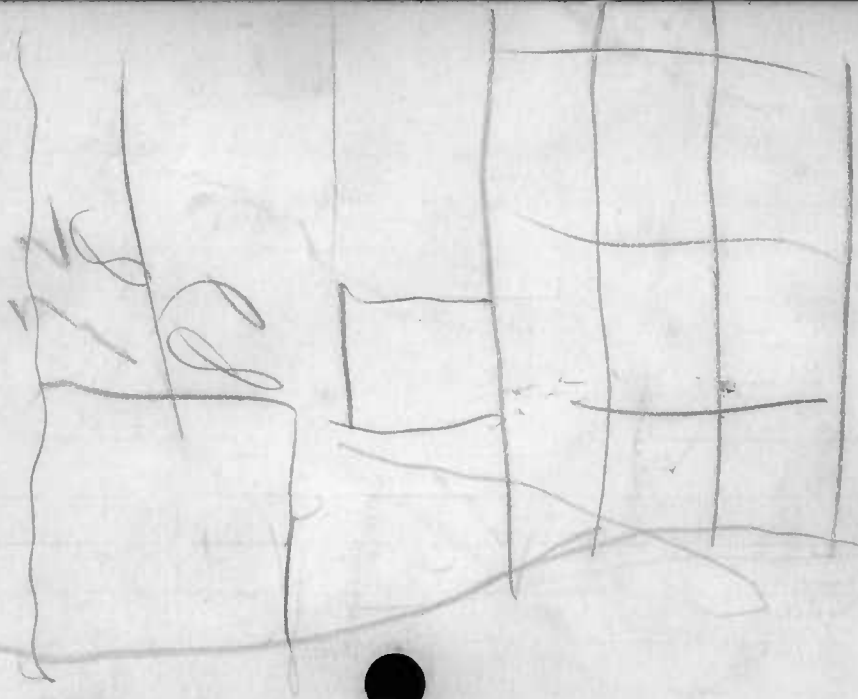
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Jan	25	Age 27			
Sex		Color or Race		Birth-place			
Male		White		W. Va.			
Occupation		Where Residing if not at place of death					
Switchman		Green Spring W. Va.					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
George slender		Old Town Md					
Mother's Maiden Name		Mother's Birthplace					
Florence V Hardy		Green Spring W. Va.					
Name of person giving information		How related to deceased					
Jno W Harper		None					

CAUSES OF DEATH

Primary	Intracranial	How long	6 Mo
Immediate	Exhaustion	How long	1 Week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Geo L Broadus	
		Address	
		Crumblin W. Va.	
Accident or Suicide?		✓	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

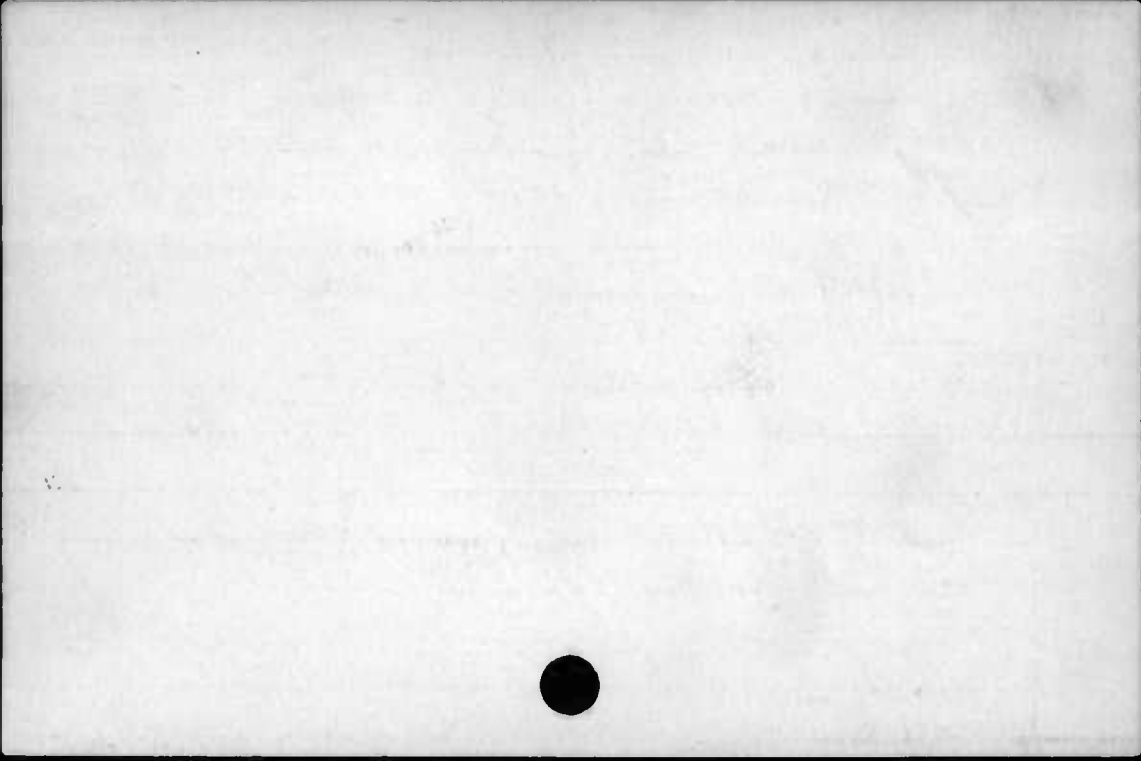
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Alvin E. Anderson</i>		Town <i>Cumberland</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at		Month <i>Jan</i>		Day <i>27</i>		Years <i>54</i>	
Date of death <i>1906</i>		Age <i>54</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color of Race <i>White</i>		Birth-place <i>Winchester Va</i>			
Occupation <i>Wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Taylor Anderson</i>					
Father's Name <i>Samuel</i>		Father's Birthplace					
Mother's Maiden Name <i>Dean</i>		Mother's Birthplace					
Name of person giving information <i>R B Anderson</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gall stones</i>	How long	<i>(113)</i>
Immediate	<i>Cholanertis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr E. B Claybrooke</i>	
<i>S</i>		Address <i>187 Cumberland</i>	
Accident or Suicide?		<i>Md.</i>	



Name
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CERTIFICATE OF DEATH

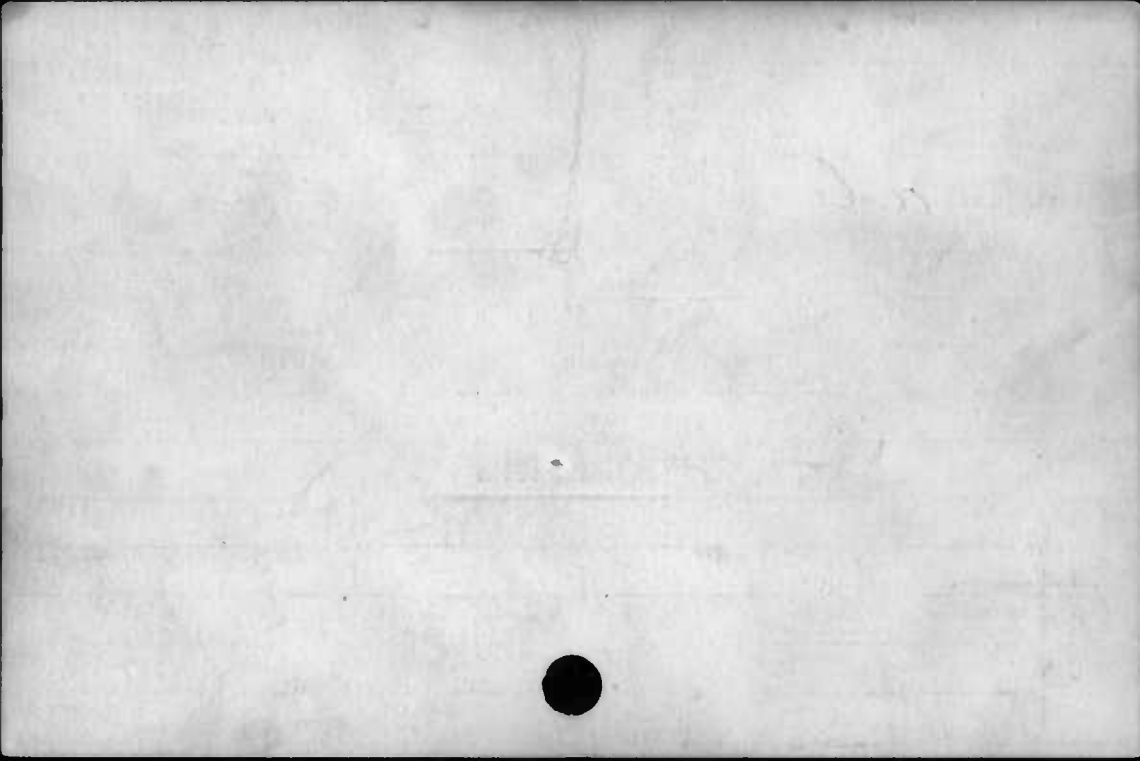
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Luke</u> Town <u>Allegany</u> County		MARYLAND	
Date of death	190 <u>5</u> Month <u>1</u> Day <u>9</u> Age <u>83</u> Years Months <u>10</u> Days <u>9</u>		
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Germany</u>	
Occupation <u>retired</u>	Where Residing if not at place of death <u>Germany</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wm. A. Kinnick</u>		
Father's Name <u>Thomas Crandall</u>	Father's Birthplace <u>Chapin, Ind.</u>		
Mother's Maiden Name <u>Mary Day</u>	Mother's Birthplace <u>Princeton, Ind.</u>		
Name of person giving information <u>W. J. Kinnick</u>	How related to deceased <u>Chafe</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old age</u>	How long <u>(106)</u>
Immediate <u>Exsanguination</u>	How long <u>a few days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. H. Hanson</u>
	Address <u>Bedmont</u>
Accident or Suicide? <u>no</u>	<u>W. J. Kinnick</u>



Name
in
Full

Mrs Hannah Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cumberland ^{County} AlleganyDate of death 1906 ^{Month} Jan ^{Day} 14 ^{Age} 78 ^{Years} ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Scotland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Jas Baker

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Jas Baker

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Paralysis

(66)

How long

about 2 years

Immediate

Ephemeria

How long

several weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

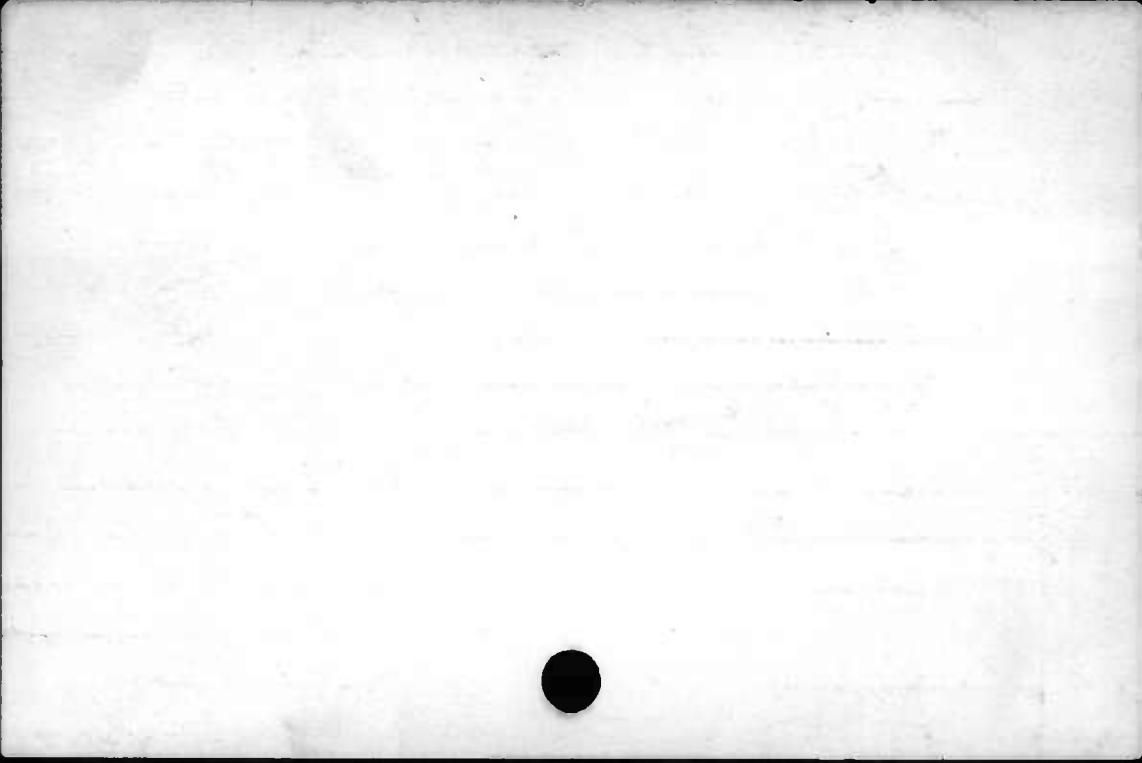
J. J. W. W. W.
Cumberland

Accident or Suicide?

←

✓

LIBRARY BUREAU 488516



Name
in
Full

John R. Thomas Benson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		1	20	24			
Sex	Male	Color or Race	Black	Birthplace	Died		
Occupation	Barber		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Thomas Benson			Father's Birthplace		
Mother's Maiden Name		Florence Howard			Mother's Birthplace		
Name of person giving information		Sister			How related to deceased		

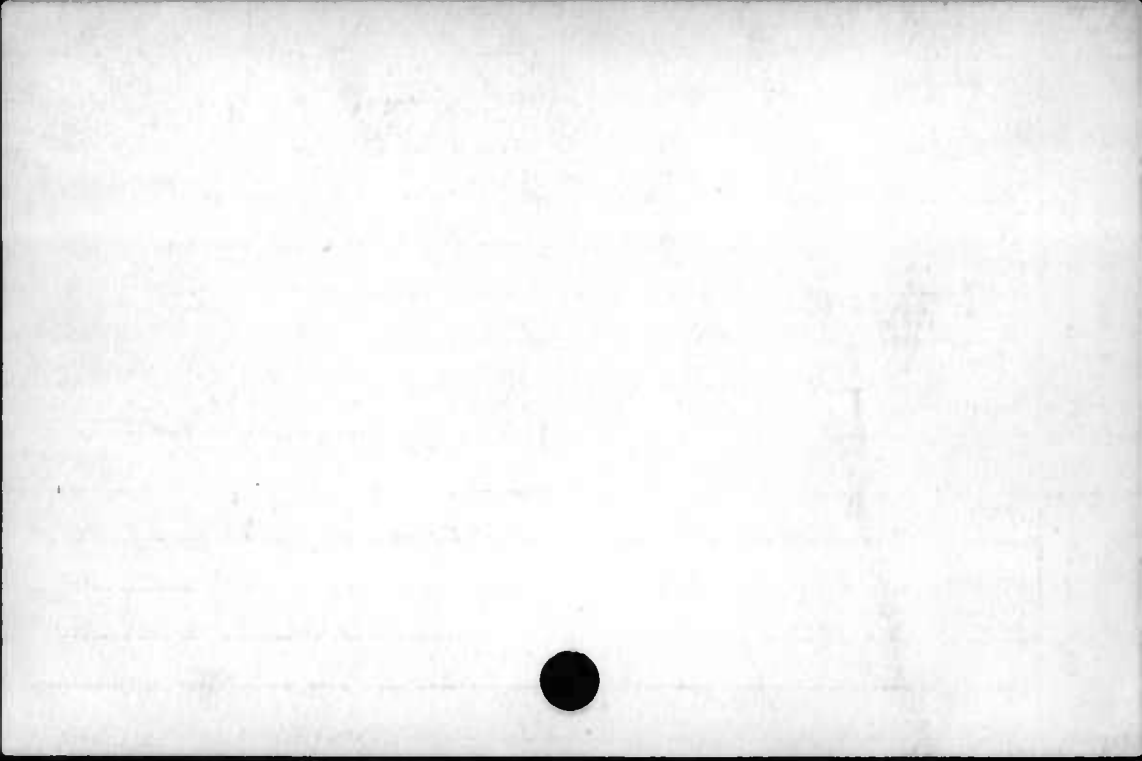
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lung cancer of lungs	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
B		Address
		25th Liberty
Accident or Suicide?		✓

~~Spencer~~

Name in Full		Raymond Black				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Mt Savage		^{County} Allegany		MARYLAND		
	Date of death 1906 Jan 27		Age 6		Months 3 Days		
	Sex Male		Color or Race White		Birth-place Mt Savage Md		
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name Wm. Black		Father's Birthplace Pa				
Mother's Maiden Name Mary Festman		Mother's Birthplace Md					
Name of person giving In formation Wm. Black		How related to deceased Father					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Spermatic Croup (88)		How long 3 days		
	Immediate		Heart Failure		How long 1 hour		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician F. Alan E. Murray M.D.		
			Address		Mt Savage Md		
	Accident or Suicide?		✓				



Name

in
Full

CERTIFICATE OF DEATH

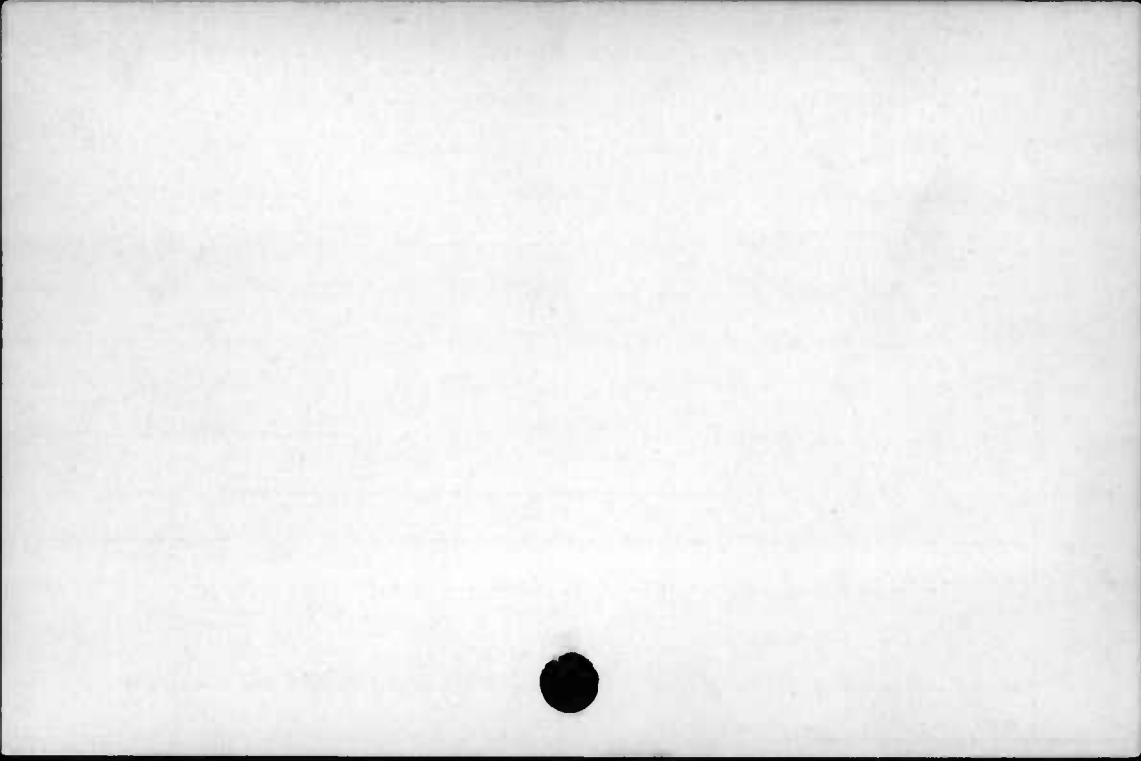
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Richards Belle hay Box</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>June</i>	Day <i>22</i>	Age <i>—</i>	Months <i>10</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Mt. Sprague Md.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Jilden R. Bore</i>			Father's Birthplace <i>Bridport Co. Pa.</i>		
Mother's Maiden Name <i>B. Florence T. Parran</i>			Mother's Birthplace <i>Black Valley Pa.</i>		
Name of person giving information <i>J. R. Bore</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantion</i>	How long	<i>10 mos.</i>
Immediate	<i>Convulsions</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Edw. J. Quarley</i>
		Address	<i>Mt. Sprague Md.</i>
Accident or Suicide?		<i>✓</i>	



Name
in
Full

Ruth Ellen Brant

CERTIFICATE OF DEATH

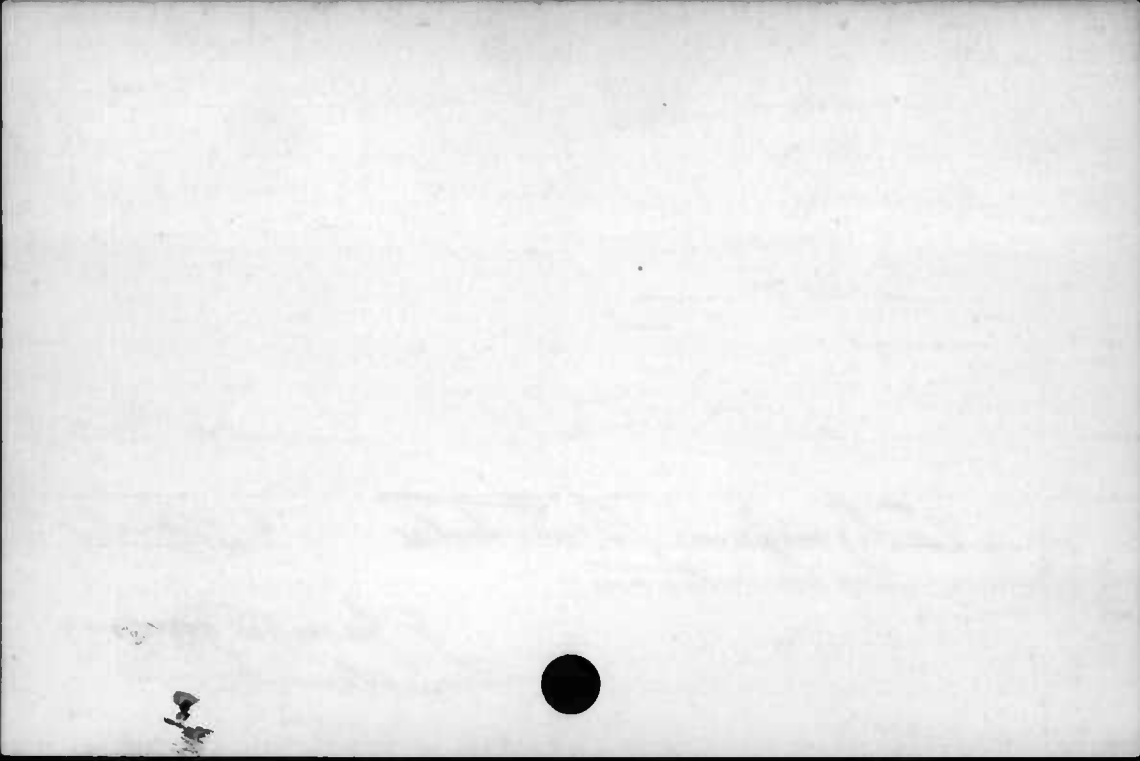
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtola</i>		Town		<i>Allegheny</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>July</i>	Day	<i>4</i>	Years	<i>32</i>	Months	<i>-</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Cumtola</i>		
Occupation	<i>Wife</i>		Where Residing if not at place of death		<i>-</i>				
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Wm A. Brant</i>					
Father's Name	<i>Dennis Arnold</i>					Father's Birthplace	<i>Ind</i>		
Mother's Maiden Name	<i>-</i>					Mother's Birthplace	<i>-</i>		
Name of person giving information	<i>W. A. Brant</i>					How related to deceased	<i>Husband</i>		

CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>		How long	<i>3 weeks</i>
Immediate	<i>Endo Carditis</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			Address <i>Edmond Harris M.D.</i>	
Accident or Suicide?			<i>To Phone</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Barbara Bretz</i>			Town <i>Cumtola</i>		County <i>Allegheny</i>		MARYLAND				
Died at <i>Cumtola</i>		Month <i>Jan</i>		Day <i>17</i>		Years <i>73</i>		Months <i>9</i>		Days <i>10</i>	
Date of death <i>1906</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumtola Co. Pa</i>					
Occupation <i>House Keeper</i>				Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>—</i>								Father's Birthplace			
Mother's Maiden Name <i>—</i>								Mother's Birthplace			
Name of person giving information <i>B. W. Bretz</i>								How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>		How long <i>2 years</i>
Immediate <i>Exhaustion</i>		How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. [illegible]</i>
		Address <i>[illegible]</i>
Accident or Suicide? <i>5</i>		<i>[illegible]</i>



Name in Full		Wagner Carter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hoffman		County Allegany		MARYLAND	
	Date of death	1906	Month 1	Day 29	Age 20	Years —	Months —
	Sex	Female		Color or Race	White		Birthplace
	Occupation	H girl		Where Residing if not at place of death		—	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	J.W. Carter				Father's Birthplace	Ind
	Mother's Maiden Name	Mary Delaney				Mother's Birthplace	Ind
Name of person giving information	J.W. Carter				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Paralysis - Syphilitic Hereditary				How long	8 yrs
	Immediate	4 Inanition				How long	3 yrs
	Are the name, age, sex, color, date and place correctly given above?		Y ²⁶		Signature of Physician		J. H. Smith
					Address		Perkins Ind
	Accident or Suicide?						

Y. P. C.
Cath

Name

in
Full

Margaret Virginia Cather

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cumberland

Date

Month

Day

Years

Months

Days

of death

1906 Jan

31

Age

1

0

18

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

William Cather

Father's
Birthplace

W. Va.

Mother's
Maiden Name

Daisy B Wortman

Mother's
Birthplace

Pa.

Name of person giving
In formation

Father

How related
to deceased

Father

CAUSES OF DEATH

Primary

Whooping Cough & Pneumonia

How long

1 mo

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Geo. L. Broadway
Cumberland
Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i>		Town <i>Frostburg</i>		County <i>Allegany</i>		MAYLAND	
Date of death	<i>1906</i>	Month <i>1</i>	Day <i>24</i>	Age <i>93</i>	Years <i>93</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pa.</i>				
Occupation <i>hvr</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>Andrew Carey</i>				
Father's Name <i>Jonathan Arnold</i>			Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Pat. Conn</i>			How related to deceased <i>son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exhaustion & emaciation</i>	How long <i>—</i>
Immediate <i>4</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Green</i>
	Address <i>Frostburg Md</i>
Accident or Suicide?	

G. van

Cath

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charmersland Academy</i>		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	1	13	23		
Sex	Color or Race	Birth-place			
Male	White	Pa			
Occupation	Where Residing if not at place of death				
Teacher	Pa				
Married, Single or Widowed	Name of Wife or Husband				
Single	Rhoda		Pa		
Father's Name	Father's Birthplace				
H. C. Lites	Pa				
Mother's Maiden Name	Mother's Birthplace				
Sarah	Pa				
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary	<i>Killed by Car</i>	How long
	<i>166</i>	
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Eugene Jane Clune

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Frostburg* ^{Town} *Alley* ^{County}
 Date of death *1906* ^{Month} *July* ^{Day} *20* ^{Years} *23* ^{Months} *—* ^{Days} *—*
 Sex *F* Color or Race *Caucasian* Birth-place *Frostburg*
 Occupation *Housewife* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *Daniel Clune*
 Father's Name *Jos Beach* Father's Birthplace *England*
 Mother's Maiden Name *Sarah Beach* Mother's Birthplace *England*
 Name of person giving information *Alfred Clune* How related to deceased *Brother in Law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

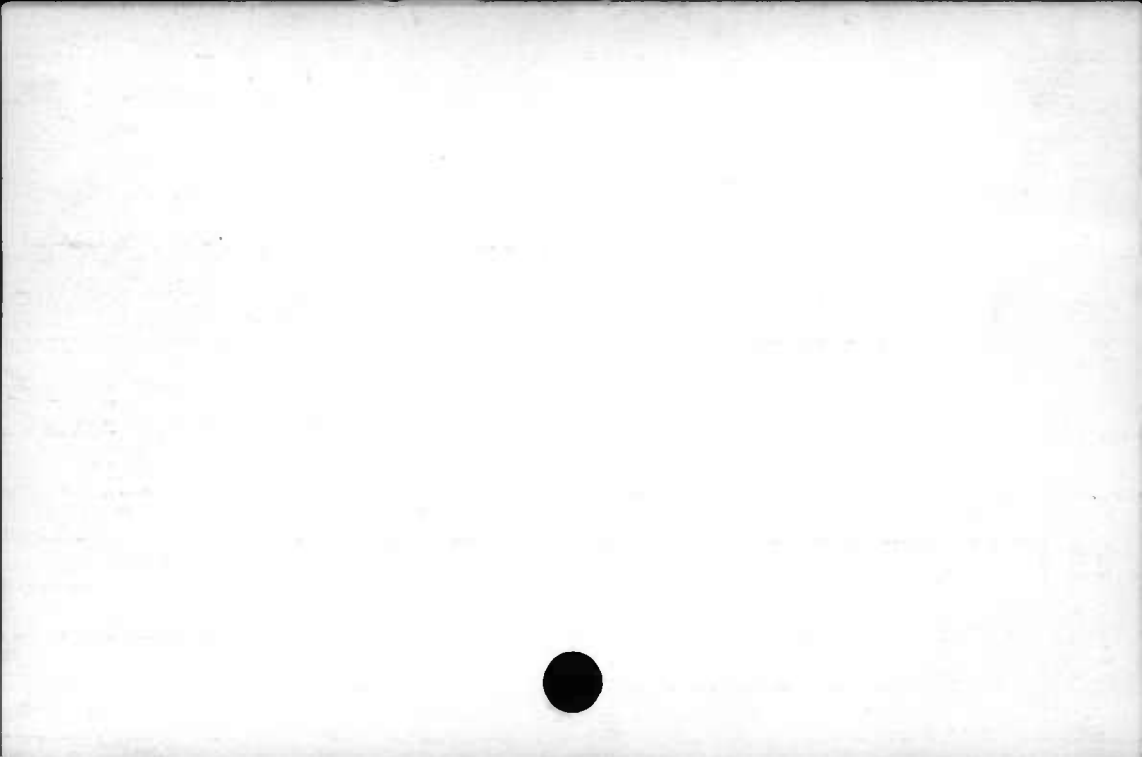
Primary *Diabetes Mellitus* How long *4 weeks*
 Immediate *Coma* *(50)* How long *2 days*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *[Signature]*
 Address *Frostburg*
 Accident or Suicide? *—*

to me

McLukie

Cum gratia
Jmly -

Name in Full Ida Craig		Town Lonaconing				County Alleghany		CERTIFICATE OF DEATH	
Died at		Month Jan.		Day 10		Years 34		Months 4	
Date of death 1906		Month Jan.		Day 10		Years 34		Days 18	
Sex Female		Color or Race White		Birth-place Westport Md					
Occupation Housewife		Where Residing if not at place of death Pittsburg							
Married, Single or Widowed Married		Name of Wife or Husband John Craig							
Father's Name William Whitfield		Father's Birthplace Frostburg Md.							
Mother's Maiden Name Mary Catharine Michaels		Mother's Birthplace Grantsville Md							
Name of person giving information Nettie Gardner		How related to deceased Sister							
CAUSES OF DEATH									
Primary Unknown		How long 22							
Immediate Pulmonary Tuberculosis		How long July 3rd. 1906							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician James C. Holdsworth							
		Address Lonaconing							
Accident or Suicide?									



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Indsary* Town

County

Date

of death 190

Month

Day

Years

Age

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFether's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

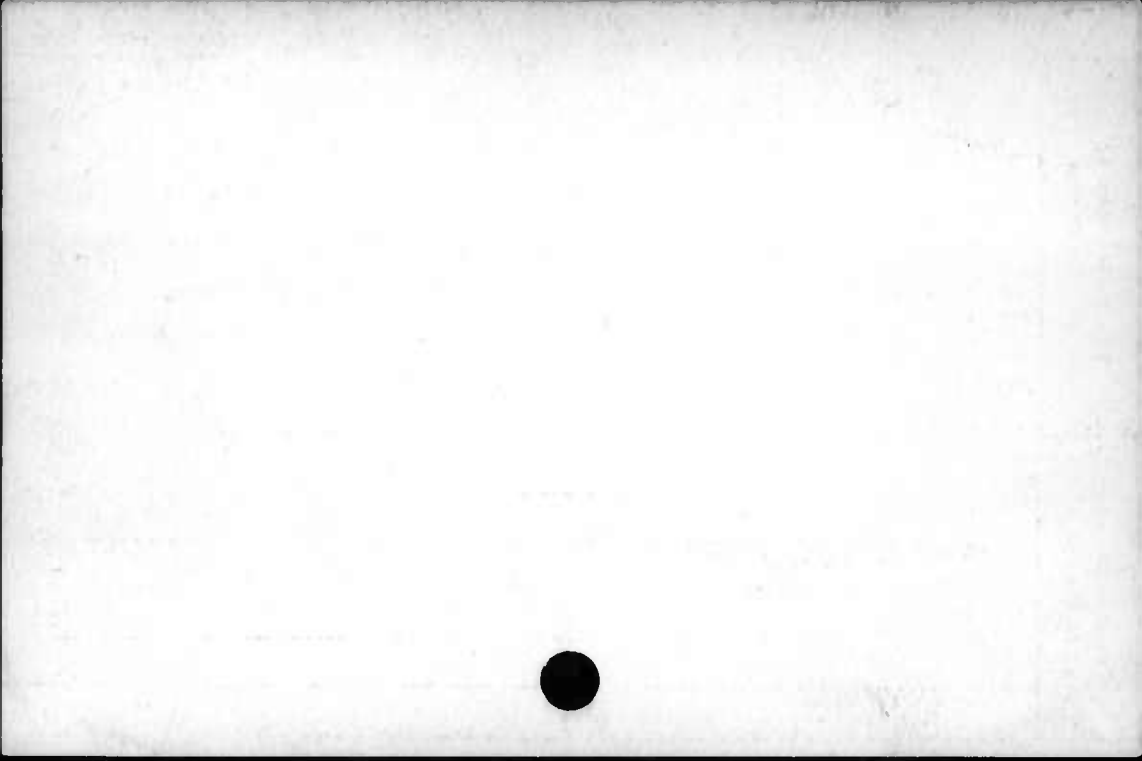
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

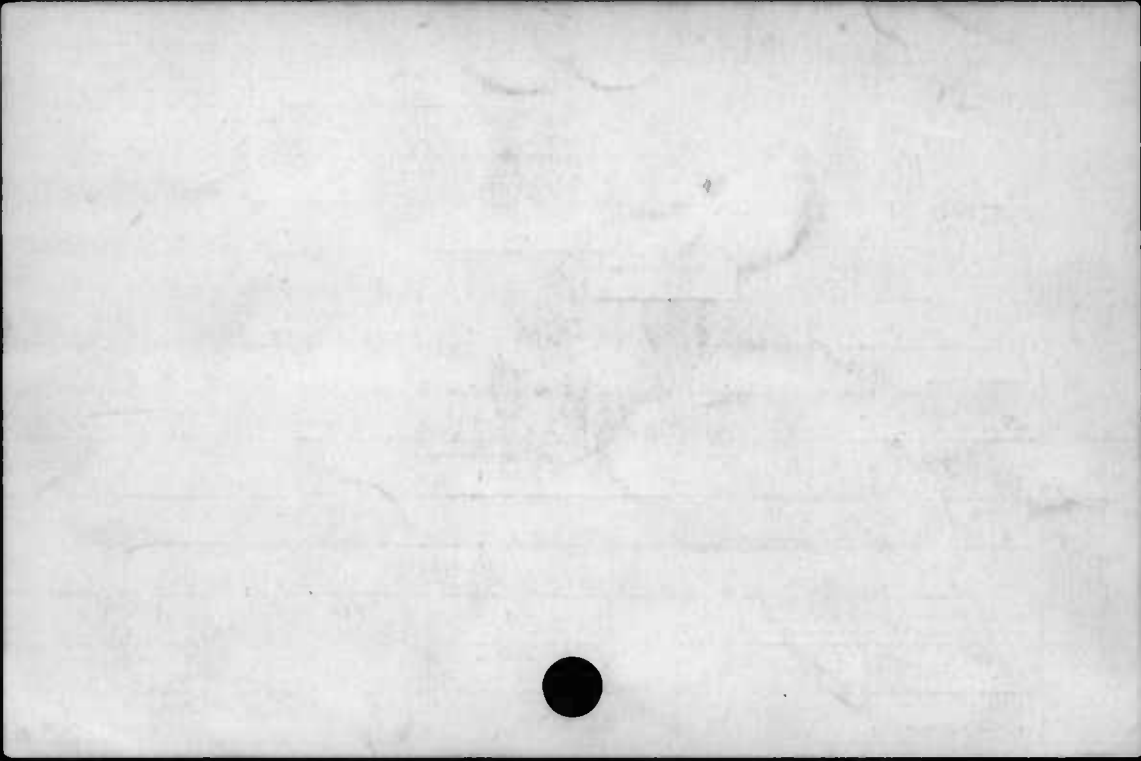
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> Town		<u>Neagam</u> County		MARYLAND	
Date of death	190 <u>6</u>	Month <u>1</u>	Day <u>19</u>	Age <u>19</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cumberland</u>			
Occupation <u>Brakeman</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>E. Matron Dabhaugh</u>				
Father's Name <u>John Dabhaugh</u>	Father's Birthplace <u>Cumberland</u>		Mother's Birthplace <u>Va</u>		
Mother's Maiden Name <u>E. Dabhaugh</u>	Name of person giving information <u>Wife</u>		How related to deceased <u> </u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Rail Road</u>		How long
Immediate	<u>Rail Road</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. B. H. H. H.</u>	
<u>B</u>		Address <u>Cumberland</u>	
Accident or <u> </u> ?			



Name
in
Full

Lethia Darnison

CERTIFICATE OF DEATH

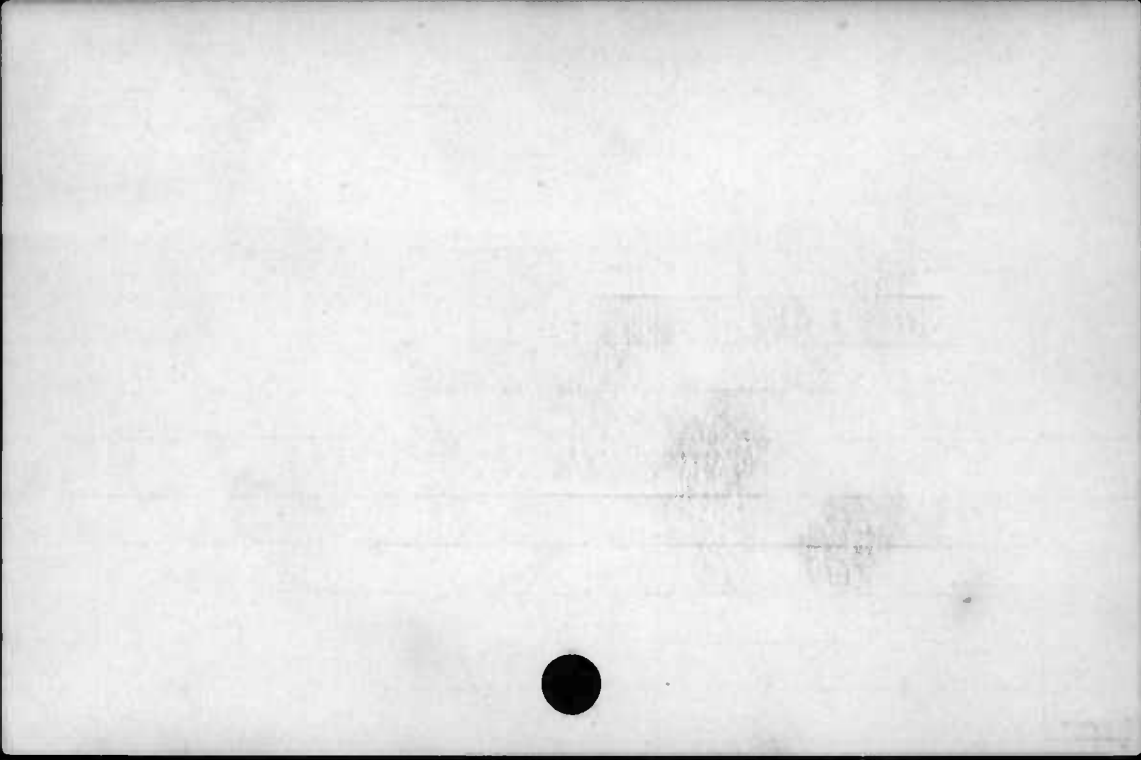
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lindnewville</u> ^{Town}		<u>allegany</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>Jan</u> ^{Month}	<u>19</u> ^{Day}	<u>48</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Francis M. Darnison</u>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>J. M. Darnison</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>unknown</u>
Immediate <u>Mediastinal abscess</u>	How long <u>6 or 8 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo L. Broadus</u>
<u>S</u>	Address <u>Cumberland</u>
Accident or Suicide? <u>No</u>	<u>Ind</u>



Name
in
Full

Edward Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Elkhardt Mines</i>		County <i>Alleghany</i>		MARYLAND	
Date of death	1906	Month	<i>Jan</i>	Day	<i>20</i>	Age	<i>49</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mr. Savage</i>		Months	<i>8</i>
Occupation <i>Train Dispatcher</i>		Where Residing if not at place of death <i>Elkhardt Mines, W. Va.</i>		Days		<i>15</i>	
Married, Single or Widowed		Name of Wife or Husband <i>Mary Cordial</i>					
Father's Name <i>John Davis</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Louise Conrad</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>John Edw. Davis</i>		How related to deceased <i>Son</i>					

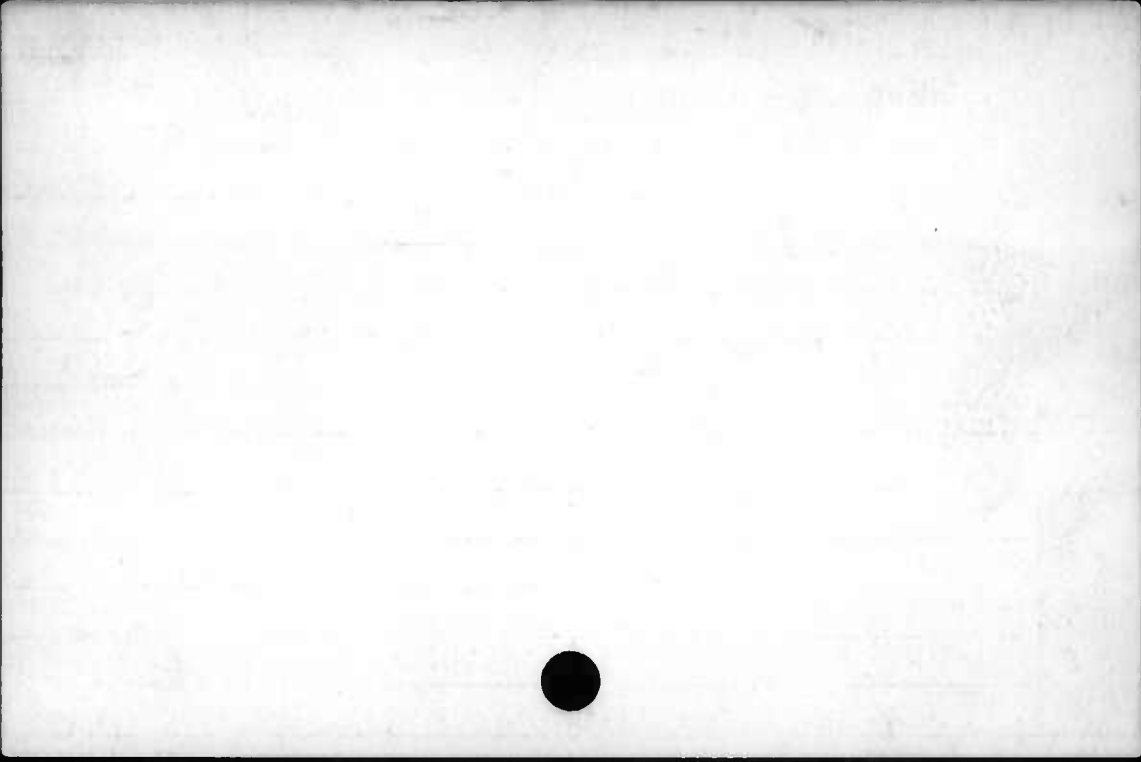
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phlebotitis</i>	How long	<i>about 2 weeks.</i>
Immediate	<i>Probably Embolism</i>	How long	<i>See immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. Mc. Cromwell - M. J.</i>	
<i>Yes</i>		Address <i>Elkhardt Mines</i>	
<i>Accident or Suicide?</i>		<i>W. Va.</i>	

77. Co

Name in Full Moses Robinette Davis		County Allegany		CERTIFICATE OF DEATH	
Town Cumberland		Died at Allegany		MARYLAND	
Date of death 1906 Jan 19		Age 35		Months 4	Days 10
Sex Male		Color or Race White		Birth place Allegany Co Md	
Occupation Laborer		Where Residing if not at place of death _____			
Married, Single or Widowed Single		Name of Wife or Husband _____			
Father's Name Isaac Davis		Father's Birthplace Md			
Mother's Maiden Name Caroline Hite		Mother's Birthplace Pa.			
Name of person giving information Elizabeth Davis		How related to deceased Sister			
CAUSES OF DEATH					
Primary Rheumatism		How long four days			
Immediate Cardiac failure		How long Immediate			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician A. L. Owens			
Address Cumberland		Address Cumberland			
Accident or Suicide? B		Accident or Suicide? Md			



Name
in
Full

CERTIFICATE OF DEATH

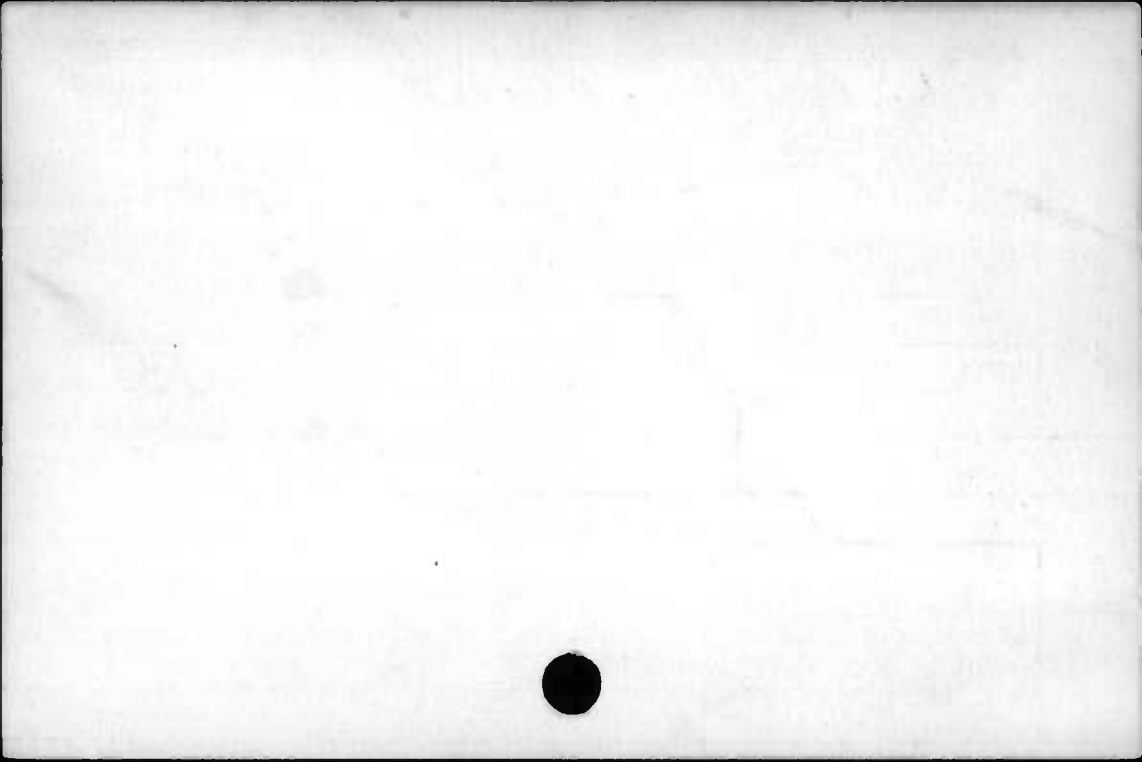
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cum* Town *John W. Dippinbaugh* County *Alle*Date of death *1906* Month *Jan* Day *16* Age *32* Years Months DaysSex *Male* Color or Race *White* Birth-place *Md* ✓Occupation *Driver* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Francis Dippinbaugh*Father's Name *Denton Dippinbaugh* Father's Birthplace *Md*Mother's Maiden Name *Julia Ross* Mother's Birthplace *Md*Name of person giving information *John R. Dippinbaugh* How related to deceased *Uncle*

CAUSES OF DEATH

Primary *Pneumonia* (93) How long *3 days*Immediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. Thos. Koon*Address *Cumberland* *for Eastern*Accident or Suicide? *LOUIS STEIN* *Koon* ✓ *Md*



Name
in
Full

CERTIFICATE OF DEATH

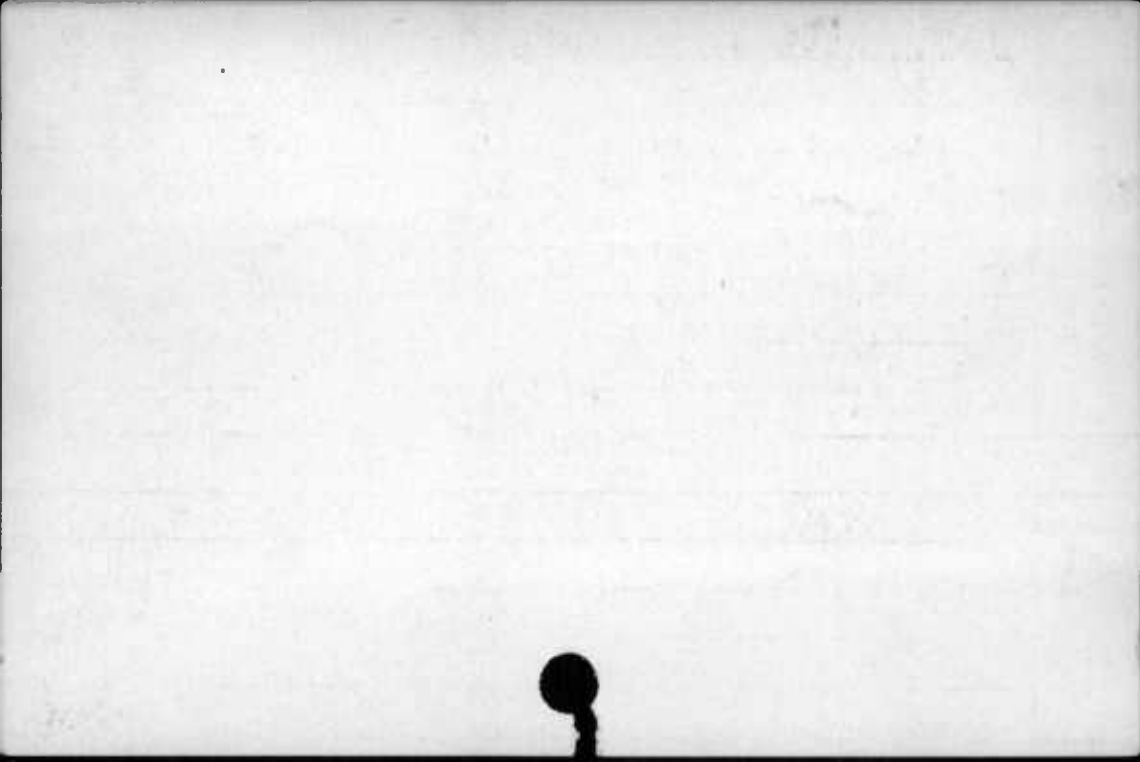
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John H Diggs</i>		Town <i>Cumma</i>		County <i>accyng.</i>		MARYLAND	
Died at <i>Cumma</i>		Month <i>Jan</i>		Day <i>4</i>		Years <i>60</i>	
Date of death <i>1906</i>		Month <i>Jan</i>		Day <i>4</i>		Age <i>60</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catharine Diggs</i>					
Father's Name <i>John</i>		Father's Birthplace <i>-</i>					
Mother's Maiden Name <i>Catharine Hammessmith</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Wm Hammessmith</i>		How related to deceased <i>Bro in Law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease. Cirrhosis Liver</i>		How long <i>1 Year</i>	
Immediate <i>Exhaustion</i>		How long <i>1 Week.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>W. R. Hodges M.D.</i>	
		Address <i>for Phone.</i>	
Accident or Suicide? <i>✓</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Mrs R E Wiley

Town Eschmont **County** Allegany

Died at Eschmont

Date of death 1906 **Month** Jan **Day** 20 **Age** 71 **Years** — **Months** — **Days** —

Sex female **Color or Race** white **Birth-place** Md

Occupation Moore **Where Residing if not at place of death** —

Married, Single or Widowed widowed **Name of Wife or Husband** Barney Wiley

Father's Name Adam Clary **Father's Birthplace** Md

Mother's Maiden Name Isabel Welsh **Mother's Birthplace** Md

Name of person giving Information Mrs C H Brann **How related to deceased** dau.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Apoplexy **How long** 1 week

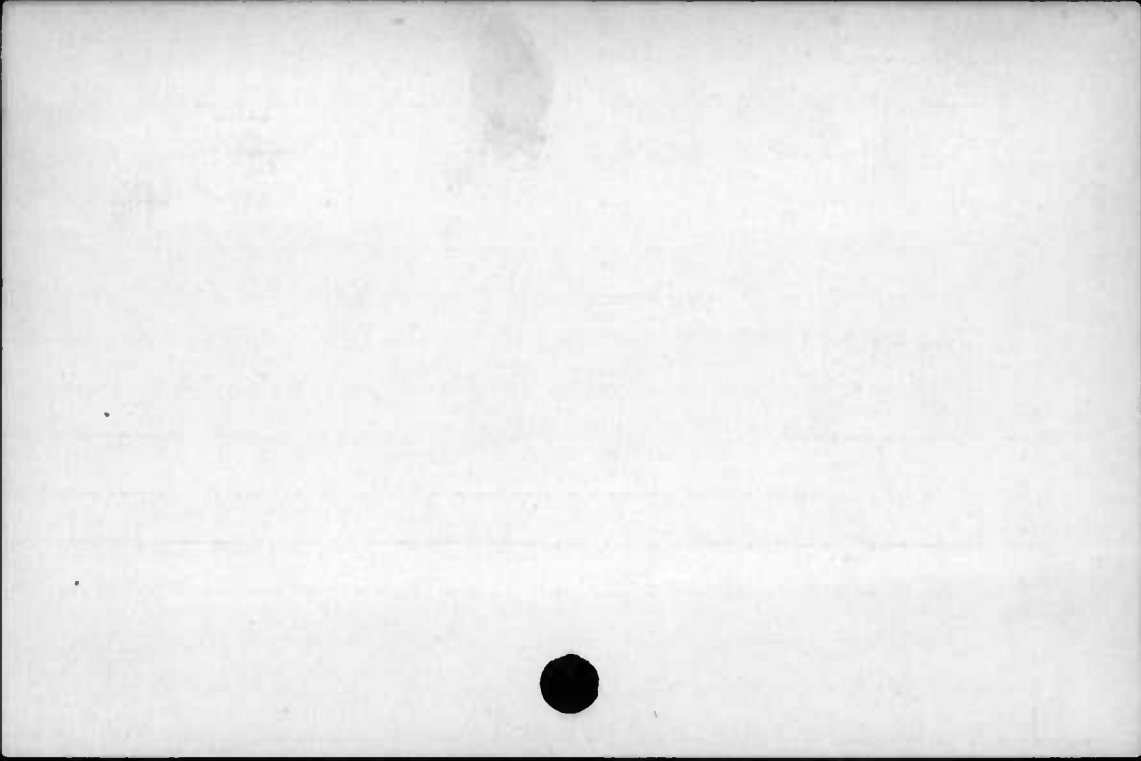
Immediate coma **How long** 2 days

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician C. H. Brann

Address Cumberland Md

Accident or Suicide? ☒



Name
in
Full

CERTIFICATE OF DEATH

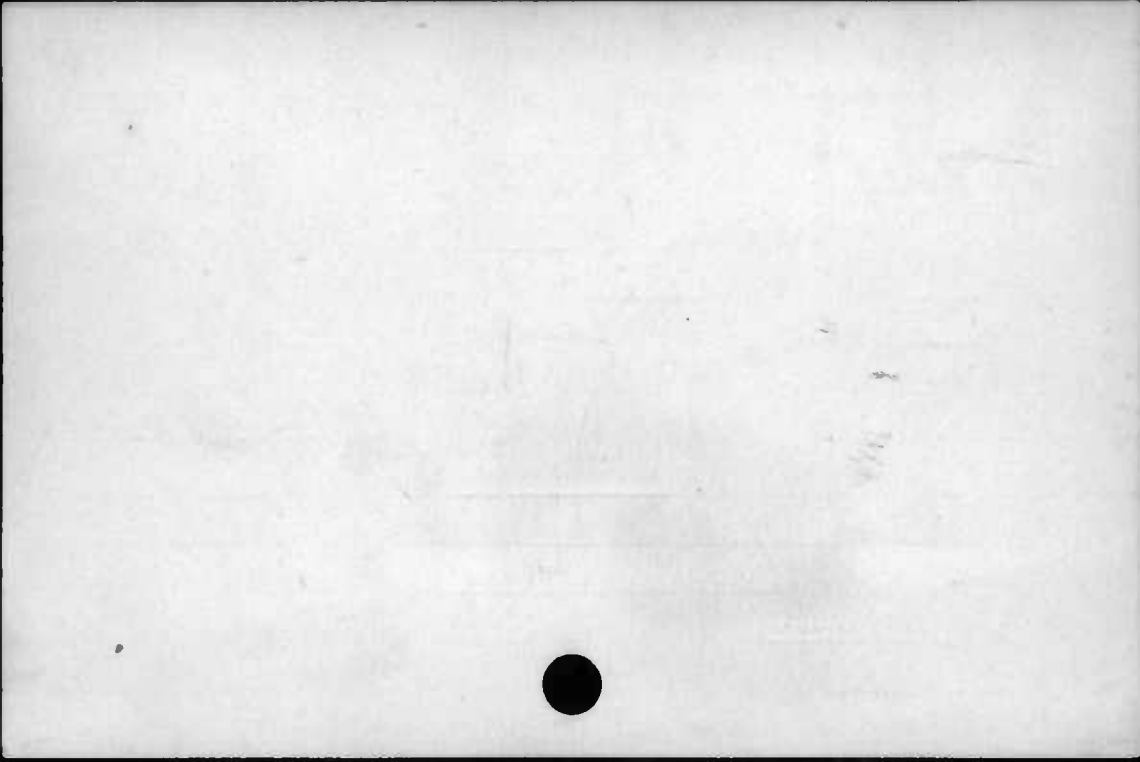
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Melvin Duckworth</i>		Town <i>Lonaconing</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Lonaconing</i>		Date of death <i>1906 Jan 19</i>		Age <i>19</i>		Months <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Lonaconing</i>		Days <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James Wilson</i>		Father's Birthplace <i>Lonaconing</i>					
Mother's Maiden Name <i>Elizabeth Duckworth</i>		Mother's Birthplace <i>Lonaconing</i>					
Name of person giving information <i>Mrs Duckworth Jr</i>		How related to deceased <i>Grand mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>10 days</i>
Immediate <i>Menigitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Skillings</i>
	Address <i>Lonaconing</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

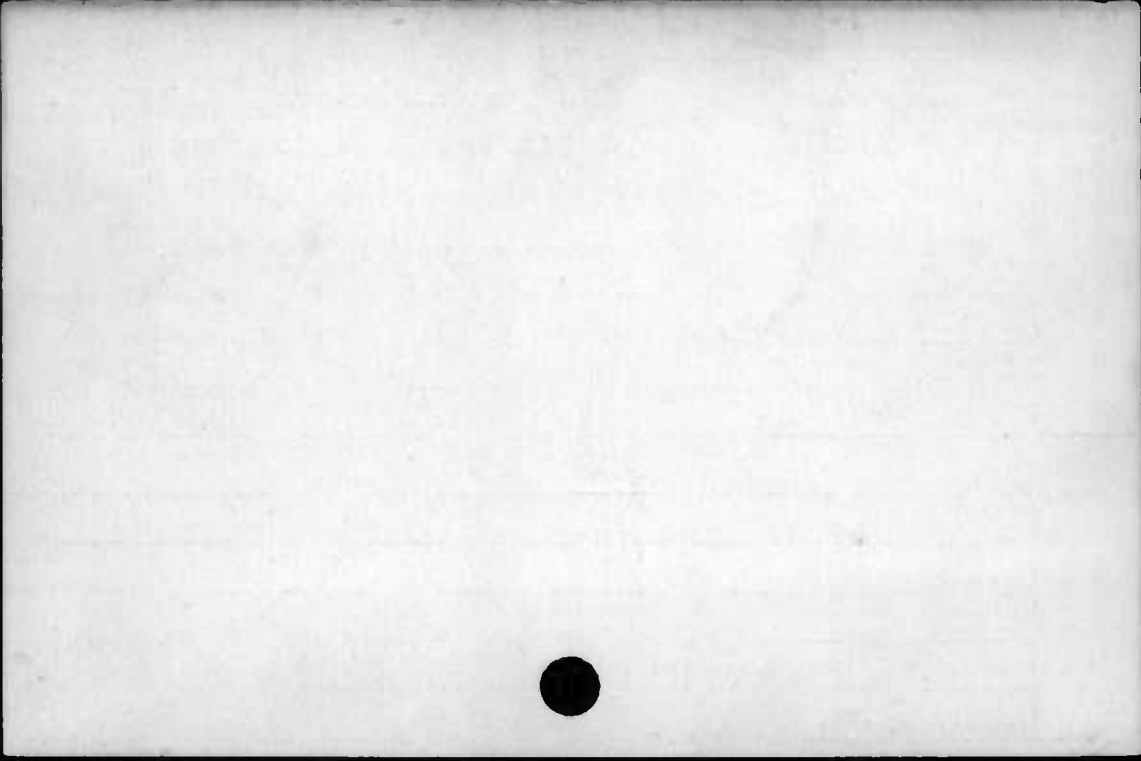
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		1	20 th	51			
Sex	Male	Color or Race	White	Birth-place	Va		
Occupation	Carpenter.			Where Residing if not at place of death			
Married, Single or Widowed	Married.			Name of Wife or Husband			
Father's Name	John Eddins				Father's Birthplace	Va.	
Mother's Maiden Name	Dead				Mother's Birthplace		
Name of person giving information	Mrs M. Dowell				How related to deceased	Daughter.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Struck by piece of Lumber		How long	-
Immediate	?		How long	about 20 minutes
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	E. H. White
	S		Address	White
Accident or Suicide?	Accident			✓ Cumberland Ind



Name
in
Full

Patrick Finnegan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hoschburg		County Allegheny		MARYLAND		
Date of death		1906	Month 11	Day 1	Age 58	Years 58	Months —	Days —
Sex M.		Color or Race W.		Birth-place Md.				
Occupation Miner.				Where Residing if not at place of death —				
Married, Single or Widowed Widowed				Name of Wife or Husband —				
Father's Name Thomas Finnegan				Father's Birthplace Ireland.				
Mother's Maiden Name —				Mother's Birthplace —				
Name of person giving information John Rafferty.				How related to deceased Nephew.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Miners Aeterna	How long	10 yrs.
Immediate	Aortic Regurgitation	How long	2 yrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. H. J. McNamee	
		Address Hoschburg Md.	
Accident or Suicide?			

John

Catholic Cemetery -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James Fisher</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>near Cumberland</i>		Town <i>Cumberland</i>		City <i>—</i>	
Date of death	Month <i>6</i>	Day <i>18</i>	Age <i>84</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Poa</i>		Days <i>—</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>		—		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>—</i>		—		
Father's Name <i>—</i>	Father's Birthplace <i>—</i>		—		
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>		—		
Name of person giving information <i>Ella Hardin</i>	How related to deceased <i>Sister</i>		—		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>S</i>	Signature of Physician <i>A. H. Grace</i>
Address <i>—</i>	Address <i>—</i>
Accident or Suicide? <i>S</i>	Address <i>—</i>



Name
in
Full

Henry Gibson

CERTIFICATE OF DEATH

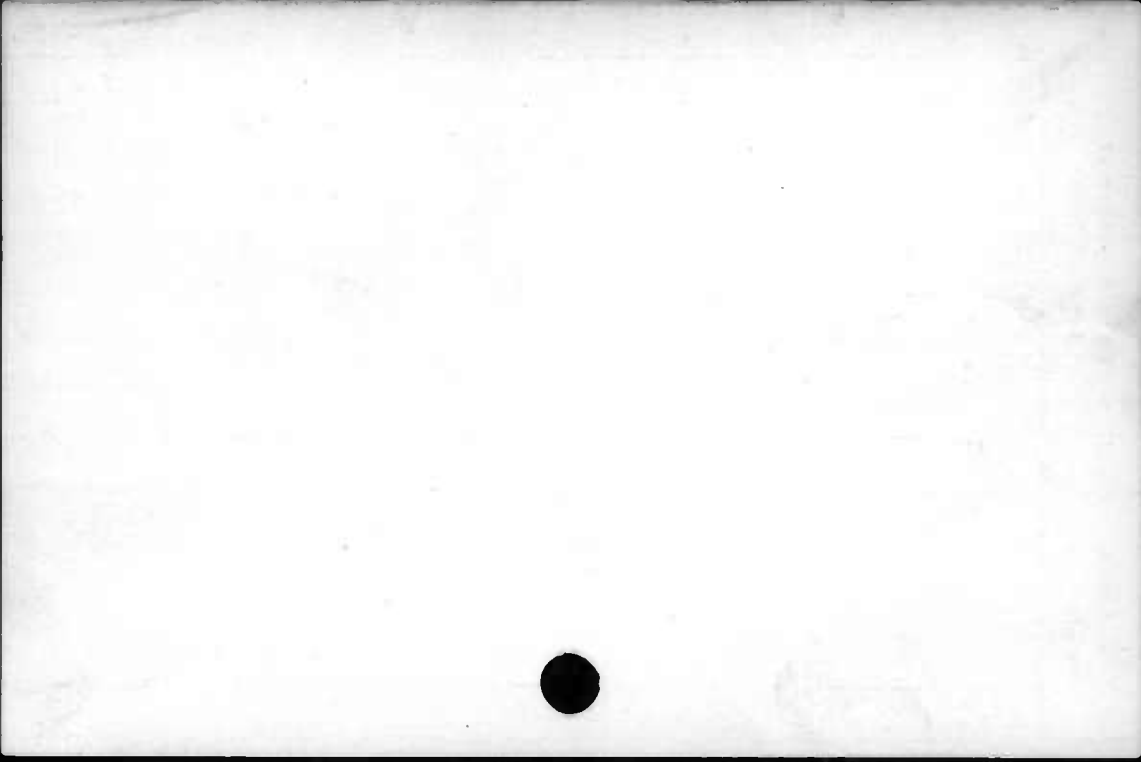
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smacoming</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>21</i>	Years <i>1</i>	Months <i>5-</i>	Days <i>8</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Smacoming</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Gibson</i>		Father's Birthplace <i>Corriganville</i>			
Mother's Maiden Name <i>Agnes McGee</i>		Mother's Birthplace <i>Smacoming</i>			
Name of person giving information <i>Charles Gibson</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarlet Fever</i>	How long <i>3 weeks</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock</i>
	Address <i>Smacoming</i>
Accident or Suicide? <i>no</i>	<i>Maryland</i>



Name in Full Mrs. Catherine Goldsworthy		CERTIFICATE OF DEATH	
Died at Twining Allegany		MARYLAND	
Date of death 1906	Month 1	Day 30	Age 82
Sex Female	Color or Race White	Months 8	Days 26
Occupation Housewife	Birth-place Cornwall Eng.		
Where Residing if not at place of death			
Married, Single or Widowed Widowed	Name of Wife or Husband Paul Goldsworthy		
Father's Name Berry Middleton	Father's Birthplace Cornwall Eng.		
Mother's Maiden Name Kate Elsie	Mother's Birthplace Cornwall Eng.		
Name of person giving information Jas. Goldsworthy	How related to deceased Son -		
CAUSES OF DEATH			
Primary Pneumonia -	How long Three Days -		
Immediate Exhaustion	How long Few hours -		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. C. Cohey M.D.		
	Address Twining, Md.		
Accident or Suicide? No -	Per E. K. C. ✓		

67m

Allegany Cemetery.

Name
in
Full

Margaretta Harsch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Green Ridge</i>		Town <i>Green Ridge</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>Jan'y</i>	Day <i>19</i>	Age <i>69</i>	Years <i>69</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John</i>				Father's Birthplace			
Mother's Maiden Name <i>John</i>				Mother's Birthplace			
Name of person giving information <i>Daniel Harsch</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>10</i>
Immediate <i>Exhaustion</i>	How long <i>12 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>Louis Stein</i>
	Address <i>Cumberland Md</i>
Accident or Suicide?	<i>Undertaker</i> ✓



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Hillard</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan.</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Cumberland Ind.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Hillard</i>		Father's Birthplace <i>N. Va.</i>			
Mother's Maiden Name <i>Myrtle Darr</i>		Mother's Birthplace <i>Alleghany Co. Ind.</i>			
Name of person giving information <i>Myrtle Hillard</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>—</i>
Immediate <i>Asphyxia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charlotte B. Gardner</i>
	Address <i>Cumberland, Ind.</i>
Accident or Suicide? <i>—</i>	

36 Cely-

Name

In
Full

CERTIFICATE OF DEATH

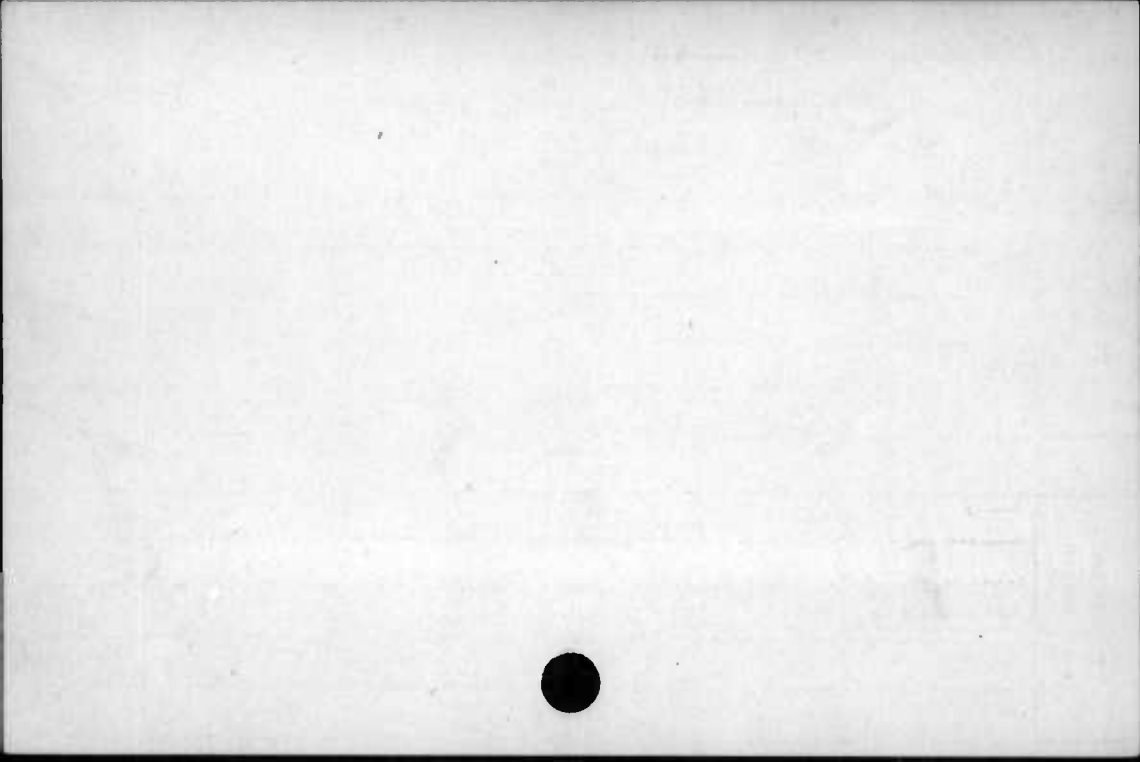
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Katie Hinkle</i>		Town <i>Carrollton</i>		County <i>Accompany</i>		MARYLAND	
Died at <i>Carrollton</i>		Date of death <i>1906</i>		Month <i>Jan</i>		Day <i>22</i>	
Age <i>24</i>		Years <i>24</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>MD</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edmund Hinkle</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Harriet Durig</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>E. M. Hinkle</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

Primary <i>Do not know</i>	How long <i>—</i>
<i>Over dose Carbolic Acid</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. P. Hubbard</i>
	Address <i>Acting Coroner</i>
Accident or Suicide? <i>Do not know</i>	

TO BE ANSWERED BY
CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Osker Hood

Died at *Chestersport* Town

County

Allegheny

MARYLAND

Date
of death *1906*

Month

1

Day

17

Age

Years

1

Months

1

Days

21

Sex

*Male*Color or
Race*White*Birth-
place*Chestersport Md*

Occupation

Where Residing if not
at place of death*Chestersport Md*Married, Single
or Widowed*Single*Name of Wife or
Husband*St. S. Hood*Father's
Name*St. S. Hood*Father's
Birthplace*Fredricks Md*Mother's
Maiden Name*Flanice Foster*Mother's
Birthplace*Chestersport Md*Name of person giving
In formation*Mother*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Hepatitis

How long

a week

Immediate

How long

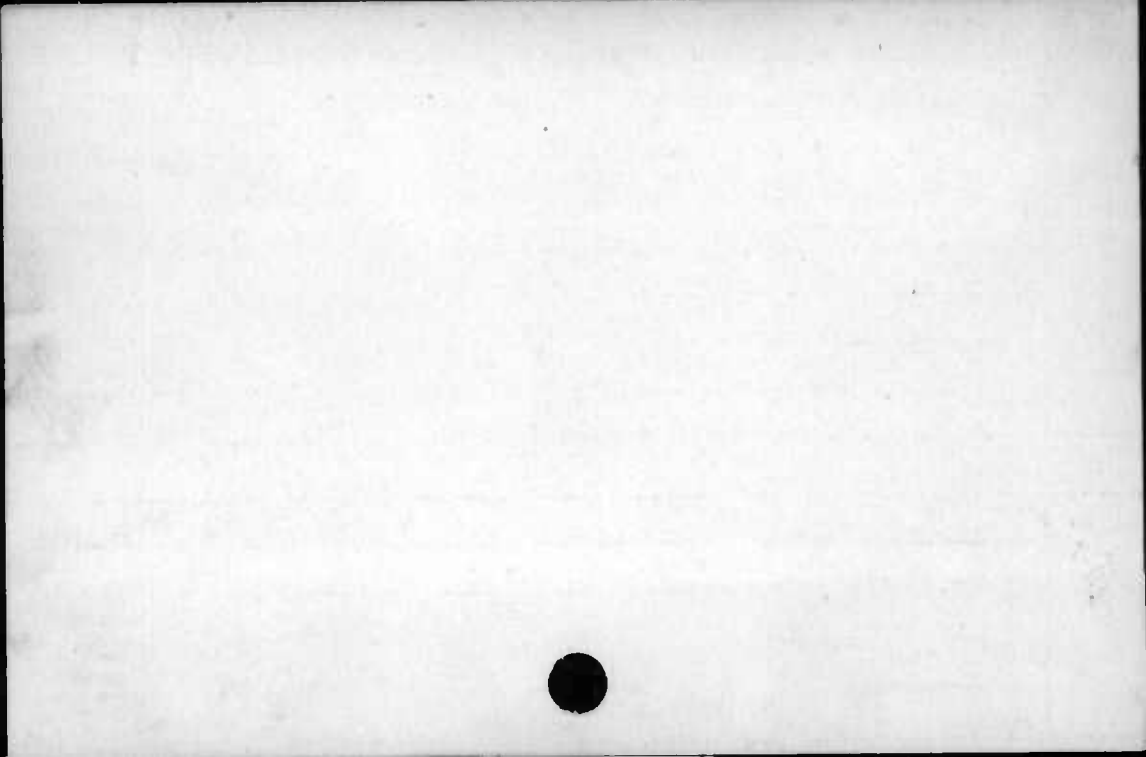
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Dr. J. H. Jansons
Piedmont W Va*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Lillian May Hopwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Camden Town

County

AccringtonDate
of death 1906

Month

1

Day

4

Years

12

Age

Months

Days

Sex

FemaleColor or
RaceWhiteBirth-
placeCamden

Occupation

—Where Residing if not
at place of death—Married, Single
or Widowed—Name of Wife or
Husband—Father's
NameEdmar HopwoodFather's
BirthplaceCamdenMother's
Maiden NameLaura DunnMother's
BirthplacevaName of person giving
InformationEdmar HopwoodHow related
to deceasedFather

CAUSES OF DEATH

Primary

Influenza

How long

about 12 weeks

Immediate

Pneumonia

How long

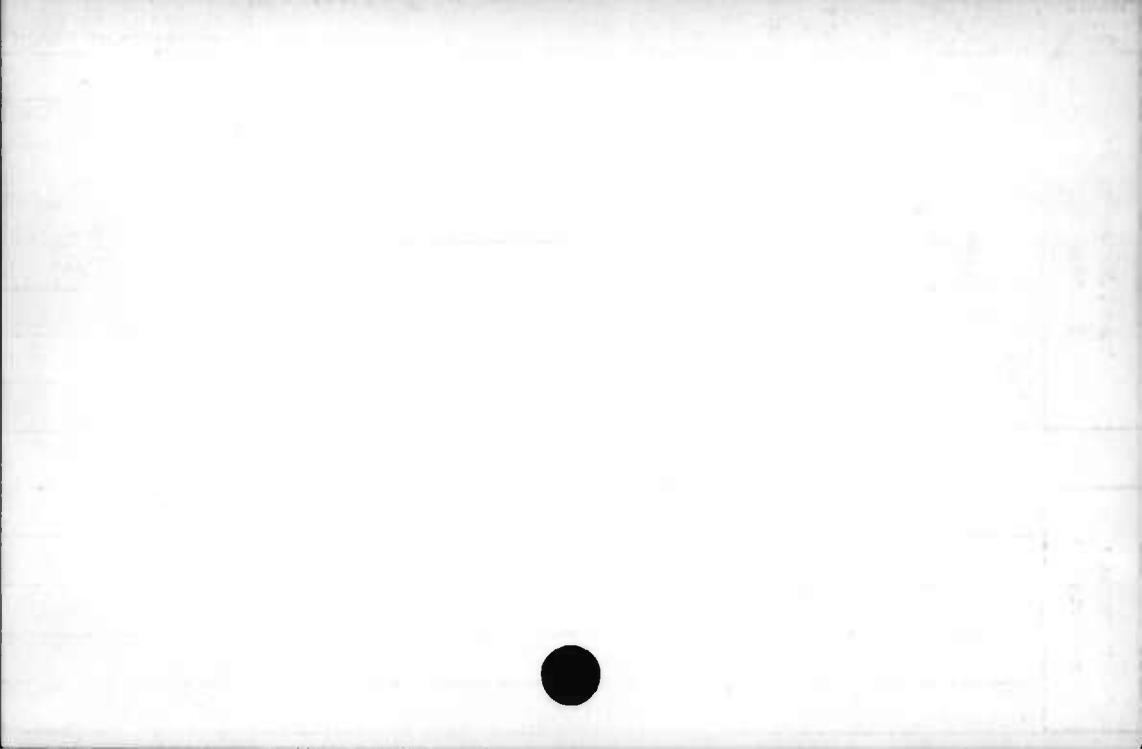
about 7 weeksAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. M. Williams
Camden
May 1906

Accident or Suicide?

—



Name
in
Full

Steel born Hudson

CERTIFICATE OF DEATH

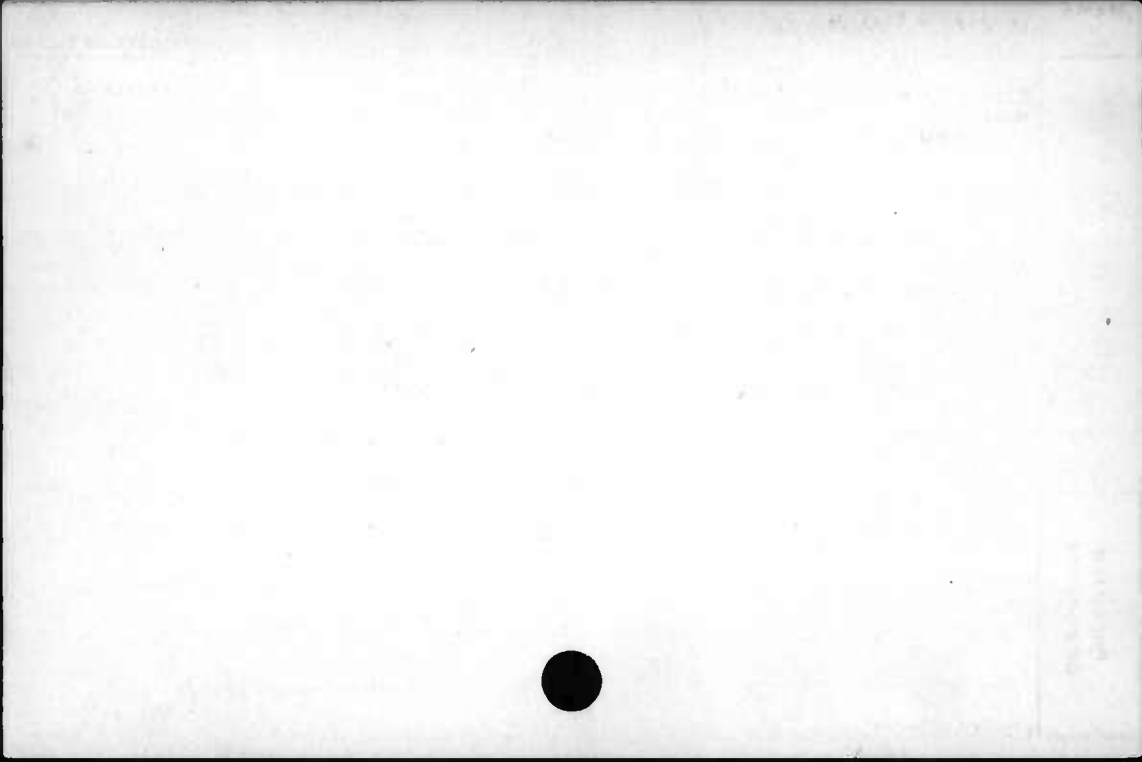
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crimm		County Allegh		MARYLAND	
Date of death	1906	Month Jan	Day 7	Age	Years —	Months —	Days 1
Sex	female		Color or Race	white		Birth- place	MD
Occupation	none			Where Residing if not at place of death —			
Married, Single or Widowed			Name of Wife or Husband —				
Father's Name			Thos Hudson			Father's Birthplace —	
Mother's Maiden Name			Mary Cloud			Mother's Birthplace —	
Name of person giving In formation			Thos Hudson			How related to deceased Sister	

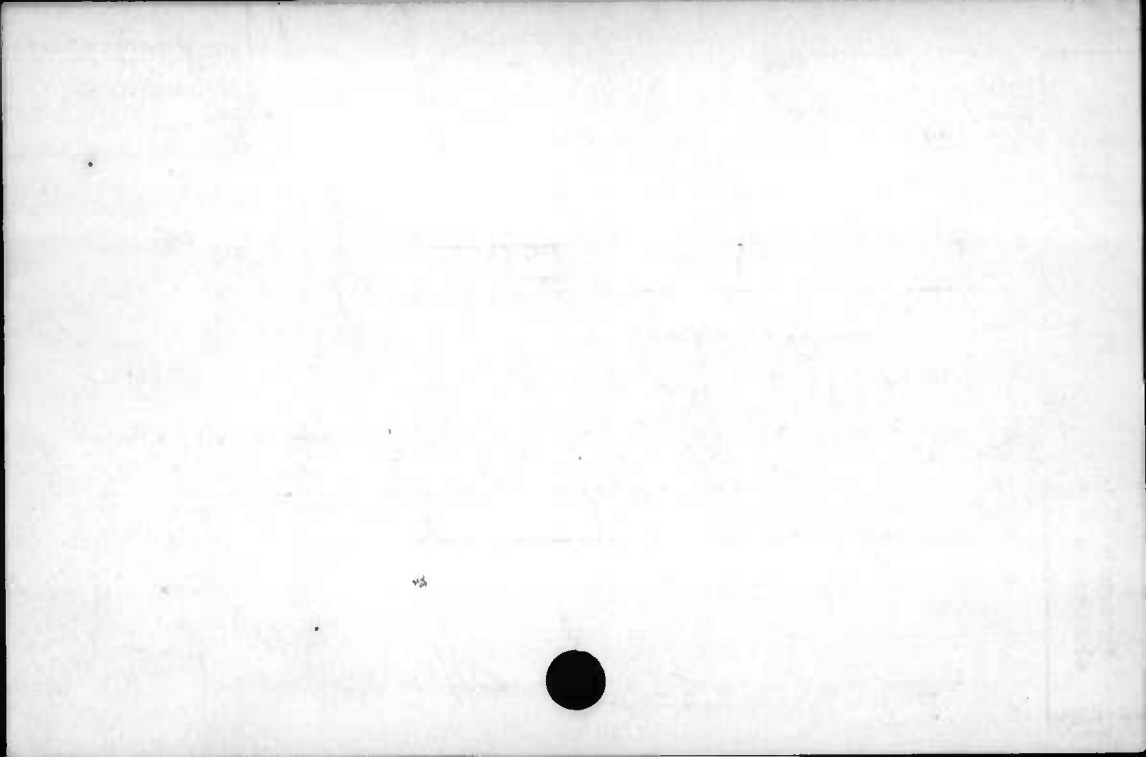
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Steel - born	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W J Hodgson
		Address	Crimm MD
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at				Date		Month		Day	
		1906				Jan		29		Age	
		Sex				Color or Race		Birth-place		Months	
		male				white		Md		9	
		Occupation				Where Residing If not at place of death					
		Married, Single or Widowed				Name of Wife or Husband					
		Father's Name				Father's Birthplace					
		Mother's Maiden Name				Mother's Birthplace					
		Name of person giving information				How related to deceased					
		3 Laney				Bro. in Law					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary				How long					
		Epilepsy (effects)				10 days					
		Immediate				How long					
		Syncope				Immediate					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
		yuo				Address					
		B				Address					
		Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

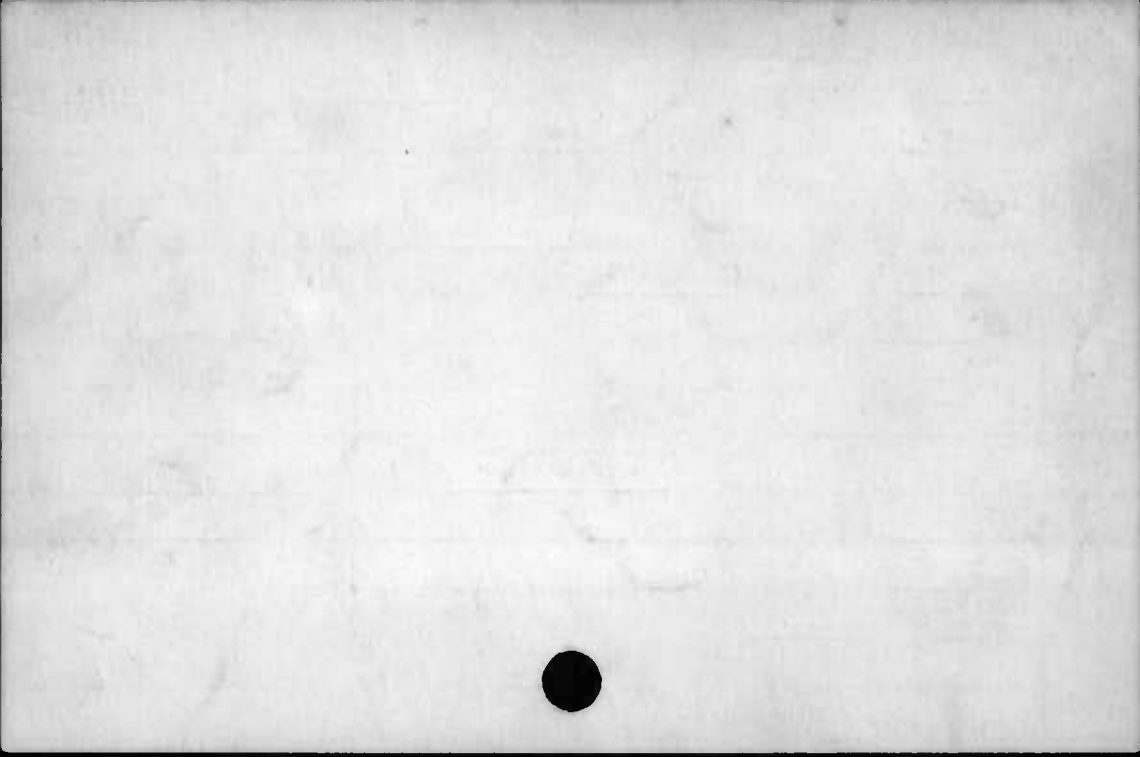
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Ewin Jones</i>		Town <i>Franklin</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Franklin</i>		Month <i>1</i>		Day <i>27</i>		Age <i>16</i>	
Date of death <i>1906</i>		Month <i>1</i>		Day <i>27</i>		Years <i>16</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Franklin</i>			
Occupation <i></i>		Where Residing if not at place of death <i>"</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>John Jones</i>					
Father's Name <i>John Jones</i>		Father's Birthplace <i>Pennsylvania</i>					
Mother's Maiden Name <i>Wendell</i>		Mother's Birthplace <i>Pennsylvania</i>					
Name of person giving information <i>Father</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping cough</i>	How long <i>2 or 3 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>4 or 5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. Parsons</i>
	Address <i>Bedmont W. Va</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Luke Kearney

Town

County

MARYLAND

Died at Westernport

Allegany

Date

of death 1906

Month

1

Day

26

Age

Years

75

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Penn.

Occupation

Miner

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
~~husband~~

Reziah Kearney

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formation

J. A. Kearney

How related
to deceased

Son

Dr Shury

CAUSES OF DEATH

Primary

Brights Disease

How long

2 or 3 years

Immediate

Otitis

How long

5 or 6 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. H. Shury
Bedmont W. Va.

Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name
in
Full

Minnie Locke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crummad		County Allegh.		MARYLAND	
Date of death	1906	Month Jan	Day 8	Age	Years 12	Months —	Days —
Sex	Female		Color or Race	white		Birth-place	md
Occupation	Schoolgirl			Where Residing if not at place of death		—	
Married, Single or Widowed	—		Name of Wife or Husband		—		
Father's Name	Taylor Locke					Father's Birthplace	—
Mother's Maiden Name	Minnie Zappier					Mother's Birthplace	md
Name of person giving information	J. C. Wofford					How related to deceased	underfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	3 day
Immediate	Cardiac syncope	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. H. Brace	
Address		Crummad, md	
Accident or Suicide?		—	



Name
in
Full

Sarah Mc Bride

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cunula		County Alleghany		MARYLAND	
Date of death		1906	Month Jan.	Day 23	Age 70	Years	Months —
Sex Male		Color or Race White		Birth- place W-Va.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Wm. Mc Bride	
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				B. F. Gross		How related to deceased Son In Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Dropsy	How long	2 yrs
Immediate	Syncope	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumrad</u>		County <u>Allegh.</u>		MARYLAND	
Date of death	1906	Month	Jan	Day	12
Age		Years		Months	Days
Sex	female	Color or Race	white	Birth-place	md
Occupation	<u>none</u>		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<u>L D McCauley</u>			Father's Birthplace	<u>Pa</u>
Mother's Maiden Name	<u>Mary E Whalen</u>			Mother's Birthplace	<u>md</u>
Name of person giving information	<u>L D McCauley</u>			How related to deceased	<u>father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still-born</u>	How long	<u>immediate</u>
Immediate	<u>Hydrocephaloid</u>	How long	<u>immediate</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>@ H Trace</u>		
	Address <u>Cumrad</u>		
	<u>md</u>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Nellie M. C. Dutyr* Town *Longarming* County *Allegany* MARYLAND

Died at *Longarming* Date of death *1906 Jan 25* Age *8* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Longarming*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *James M. C. Dutyr* Father's Birthplace *Longarming*

Mother's Maiden Name *Nellie Russer* Mother's Birthplace *Frederick*

Name of person giving information *James M. C. Dutyr* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Capillary Bronchitis* How long *10 days*

Immediate *Myocarditis* How long *4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. B. Skilling M.D.* Address *Longarming*

Accident or Suicide? *No*



Name in Full		MAYLAND				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Grahamstown</u>		Town <u>Frostburg</u>		County <u>Allegany</u>		
		Date of death 190 <u>6</u>		Month <u>January</u>	Day <u>4</u>	Years <u>one</u>	Months <u>11</u>	Days <u>18</u>
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Grahamstown</u>		
		Married, Single or Widowed <u>—</u>				Occupation		
		Name of Wife or Husband <u>—</u>						
		Father's Name <u>Isaac Martin</u>				Father's Birthplace <u>Allegany Co Md</u>		
		Mother's Maiden Name <u>Catharine Martin</u>				Mother's Birthplace <u>Allegany Co Md</u>		
		Name of person giving information <u>Isaac Martin</u>				How related to deceased <u>Parents</u>		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>Pneumonia</u>				How long <u>8 days</u>		
		Immediate <u>meningitis</u>				How long <u>4 week & 8 days</u>		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>Johna Watson</u>		
						Address <u>Frostburg Md</u>		
		Accident or Suicide?						

507

Allegany County —

Name
in
Full

CERTIFICATE OF DEATH

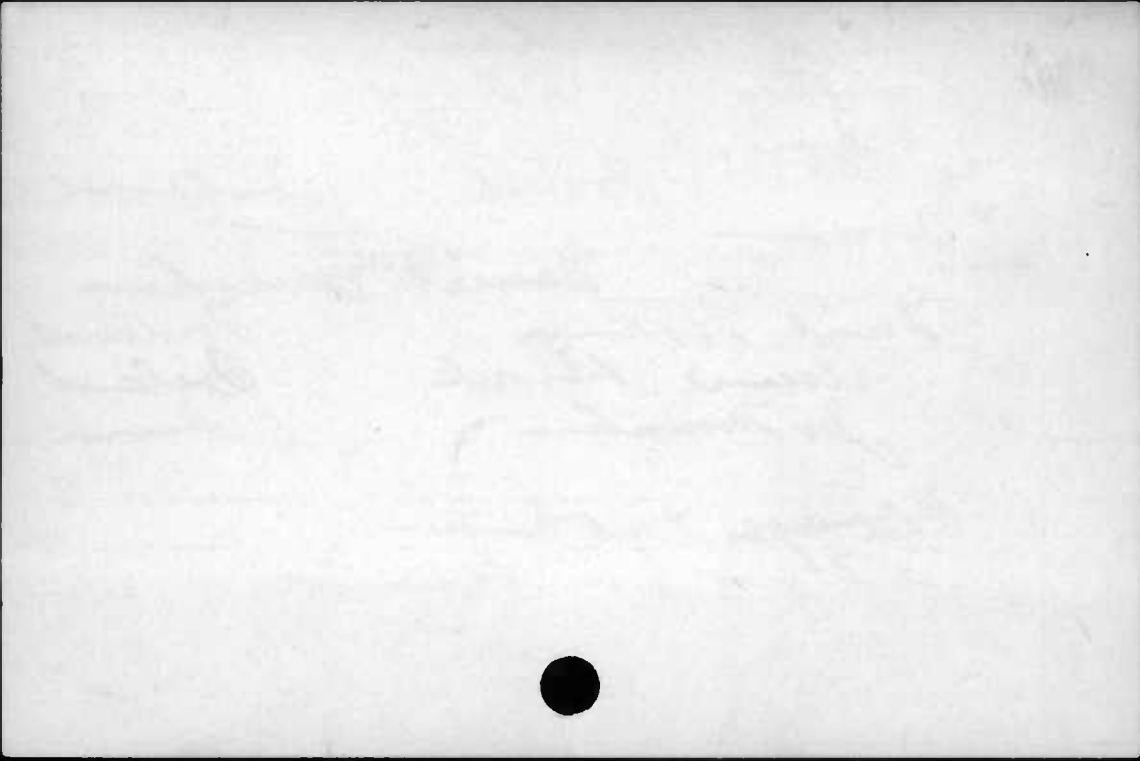
TO BE ANSWERED BY
NEAREST FRIEND



Name in Full <i>H. R. Miller</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>1</i>		Day <i>24</i>		Years <i>27</i>	
Date of death <i>1906</i>		Month <i>1</i>		Day <i>24</i>		Years <i>27</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Ham Co W Va</i>			
Occupation		Where Residing If not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E. Grone</i>					
Father's Name <i>James P. Miller</i>		Father's Birthplace <i>W Va Ham Co</i>					
Mother's Maiden Name <i>L. Ann Goff</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>James R. Miller</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fractured pelvis</i>	How long <i>(164)</i>
Immediate <i>Internal hemorrhage</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Charles M. D.</i>
	Address <i>134 E. Ave</i>
Accident or Suicide? <i>Accident</i>	<i>✓ Cumberland</i>



Name in Full		Bridget Monahan				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at	Firoathing		County		MARYLAND							
	Date of death	1906	Month	June	Day	11	Age	Years	98	Months	—	Days	—
	Sex	F		Color or Race	Irish		Birthplace	Ireland					
	Occupation	None					Where Residing if not at place of death	—					
	Married, Single or Widowed	—		Name of Wife or Husband	Daniel Monahan								
	Father's Name	Danil Nolan					Father's Birthplace	Ireland					
	Mother's Maiden Name	Annie Burk					Mother's Birthplace	Ireland					
Name of person giving information	Joe Monahan					How related to deceased	Son						
<div style="text-align: center;">CAUSES OF DEATH</div>													
PHYSICIAN OR CORONER	Primary	Old age Don't know					How long						
	Immediate	did not see deceased					How long						
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician		J. Griffith					
						Address							
	Accident or Suicide?												

G. L. and E. May or,
Catholic Cemetery

Name
in
Full

CERTIFICATE OF DEATH

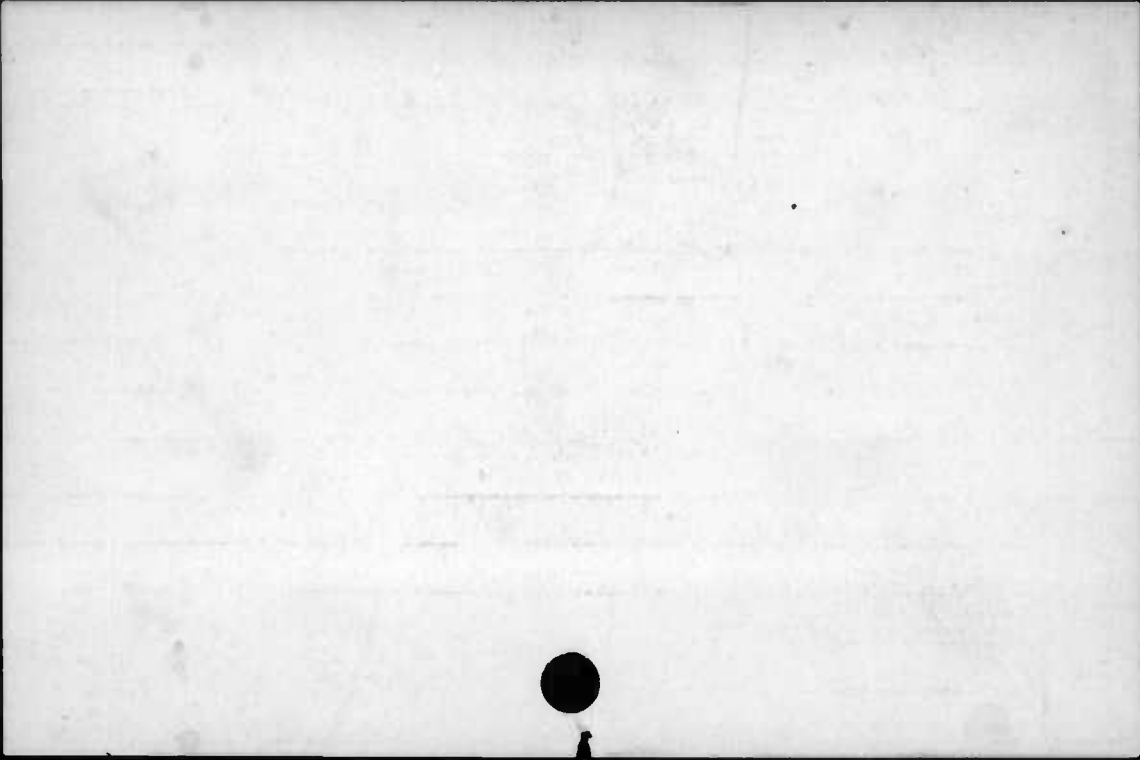
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Michael Moran		Town Lonaconing		County Allegheny		State MARYLAND	
Died at Lonaconing		Month Jan		Day 30		Age 5	
Date of death 1906		Years 5		Months 7		Days 1	
Sex Male		Color or Race White		Birth-place Lonaconing			
Occupation None		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Daniel Moran		Father's Birthplace Clifton					
Mother's Maiden Name Bridget Moran		Mother's Birthplace Lonaconing					
Name of person giving information John Moran		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Membranous Croup	How long 9
Immediate Asphyxia	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. B. Skilling, M.D.
	Address Lonaconing
Accident or Suicide? No	



Name

in
Full

Edith May Ross

CERTIFICATE OF DEATH

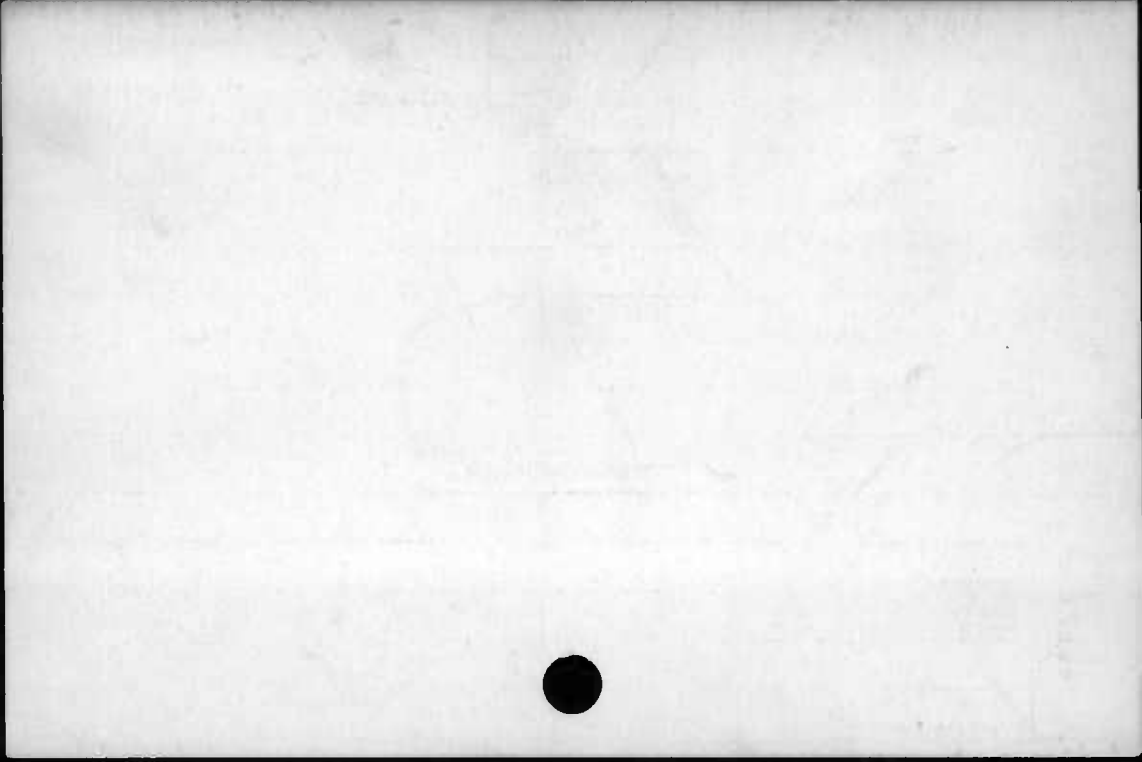
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumb		Town	Ind	County	allergany	MARYLAND	
Date of death	1906	Month	Jan	Day	10	Age	Years	Months	8
Sex	Female	Color or Race	White	Birth-place			Cumb		
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				Henry C Ross				Father's Birthplace	
Mother's Maiden Name								Mother's Birthplace	
Name of person giving information				H C Ross				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Capillary Bronchitis	How long	(90)
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Edward Harris	
Address		Cumberland Ind.	
Accident or Suicide?		✓	



Name
in
Full

Phyllis OSS

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Valle Crucis		County Allegany		MARYLAND	
Date of death	1906	Month 1	Day 30	Age 62	Months	Days	
Sex	male		Color or Race	white		Birth- place	England
Occupation	Laborer			Where Residing if not at place of death			—
Married, Single or Widowed	married		Name of Wife or Husband	Ann Radcliff RS			
Father's Name	Jno. OSS					Father's Birthplace	Eng
Mother's Maiden Name	—					Mother's Birthplace	1
Name of person giving In formation	—					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy		How long	2 days
Immediate	4		How long	44 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. Frier	
		Address	Frostburg Md	
Accident or Suicide?		✓		

Spur

Ally

Name
in
Full

CERTIFICATE OF DEATH

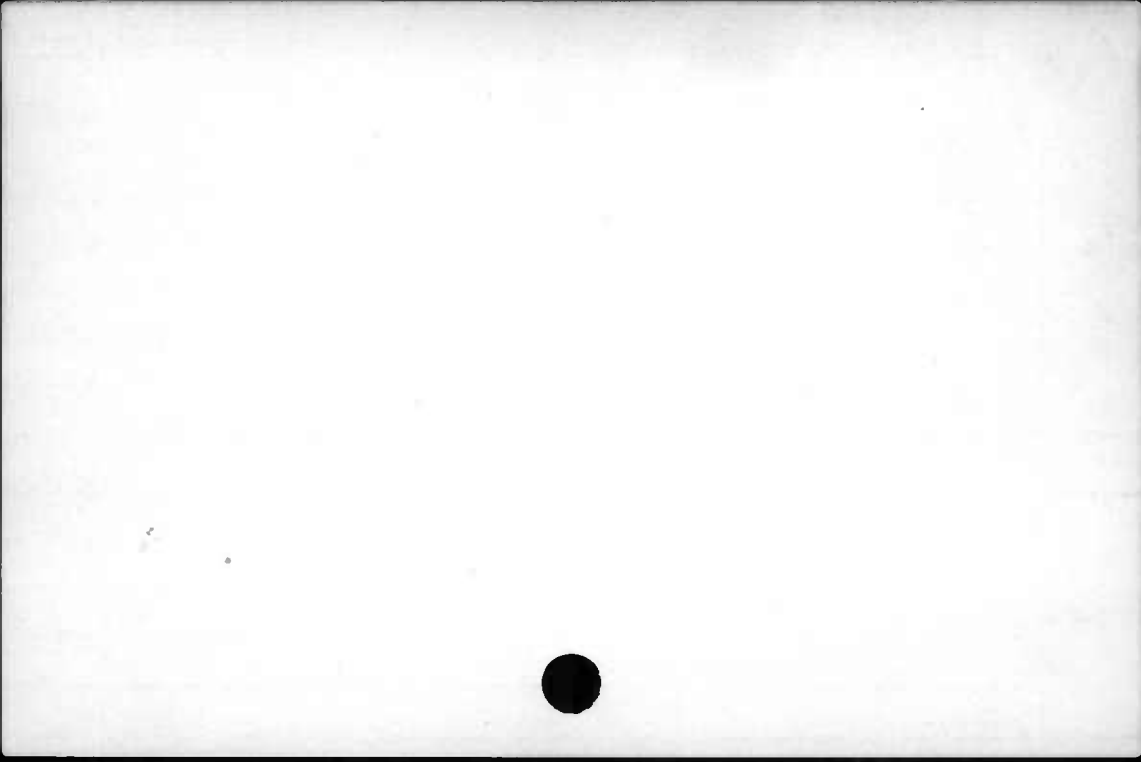
TO BE ANSWERED BY
NEAREST FRIEND

Died at		National - (Woodland)		County		Allegany		MARYLAND	
Date of death	1906	Month	Jan	Day	6	Years	48	Months	1
Sex	male		Color or Race	white		Birth-place	Scotland		
Occupation	Miner			Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Brown					
Father's Name	Walter Patterson					Father's Birthplace	Scotland		
Mother's Maiden Name	Margaret Gibb					Mother's Birthplace	Scotland		
Name of person giving information	Adam Patterson					How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe	How long	10 days
Immediate	Pneumonia	How long	24 hours -
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	James C. Bullock
		Address	Lawsoning M. C.
Accident or Suicide?	no -		✓



Name
in
Full

David Ralston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumrad</i>		County <i>Allea</i>		MARYLAND	
Date of death	1906	Month <i>Jan</i>	Day <i>5</i>	Age <i>68</i>	Years <i>68</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>unknown</i>				
Occupation <i>unknown</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Fractured knee</i>	How long	<i>164</i>
	Immediate	<i>Septisemia</i>	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. J. Trober M.D.</i>	
			Address <i>Cumrad</i>	
	Accident or Suicide?		<i>yes</i>	



Name

in

Full

CERTIFICATE OF DEATH

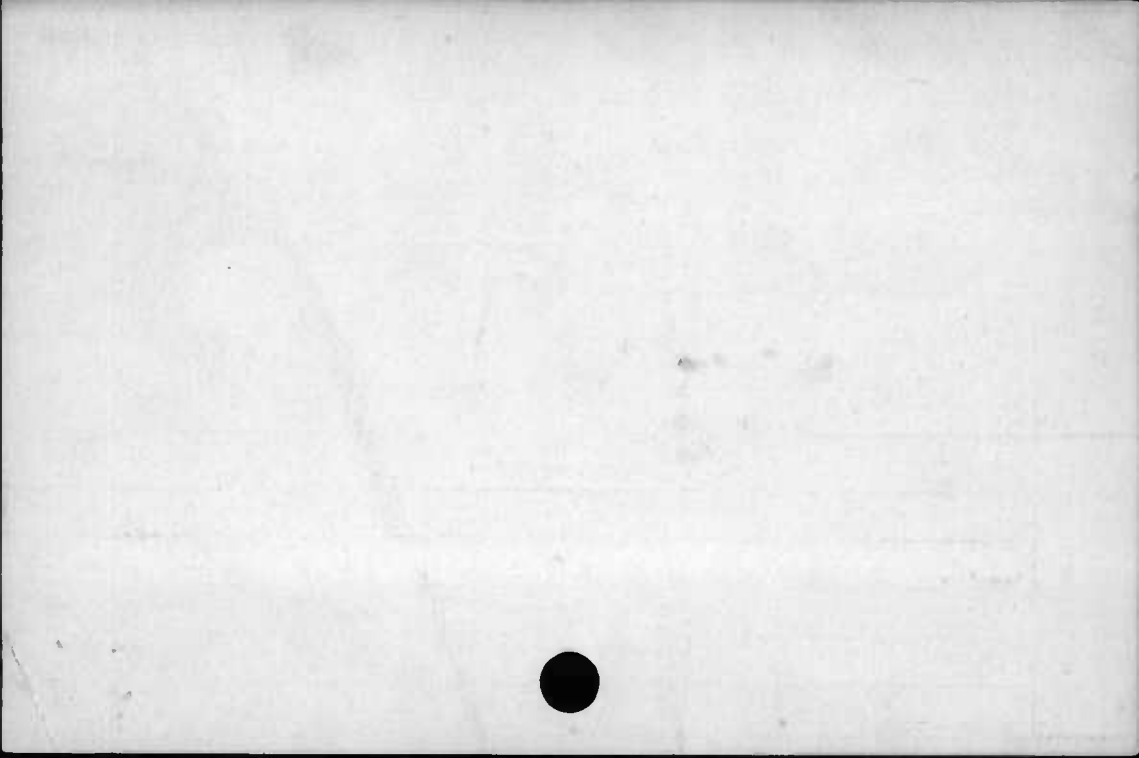
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Samuel H Rawlings</i>		Town <i>Brown</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Brown</i>							
Date of death <i>1906</i>	Month <i>July</i>	Day <i>8</i>	Age <i>50</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Allegany Co</i>				
Occupation <i>Slater</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lenna</i>					
Father's Name <i>—</i>				Father's Birthplace			
Mother's Maiden Name <i>Mary Knowls</i>				Mother's Birthplace <i>va</i>			
Name of person giving information <i>Lenna Rawlings</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>(64)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. E B Claybrooke</i>
<i>4</i>	Address <i>Cumberland Md</i>
Accident or Suicide?	<i>✓</i>



Name
in
Full

Christopher Roberts Sr.

CERTIFICATE OF DEATH

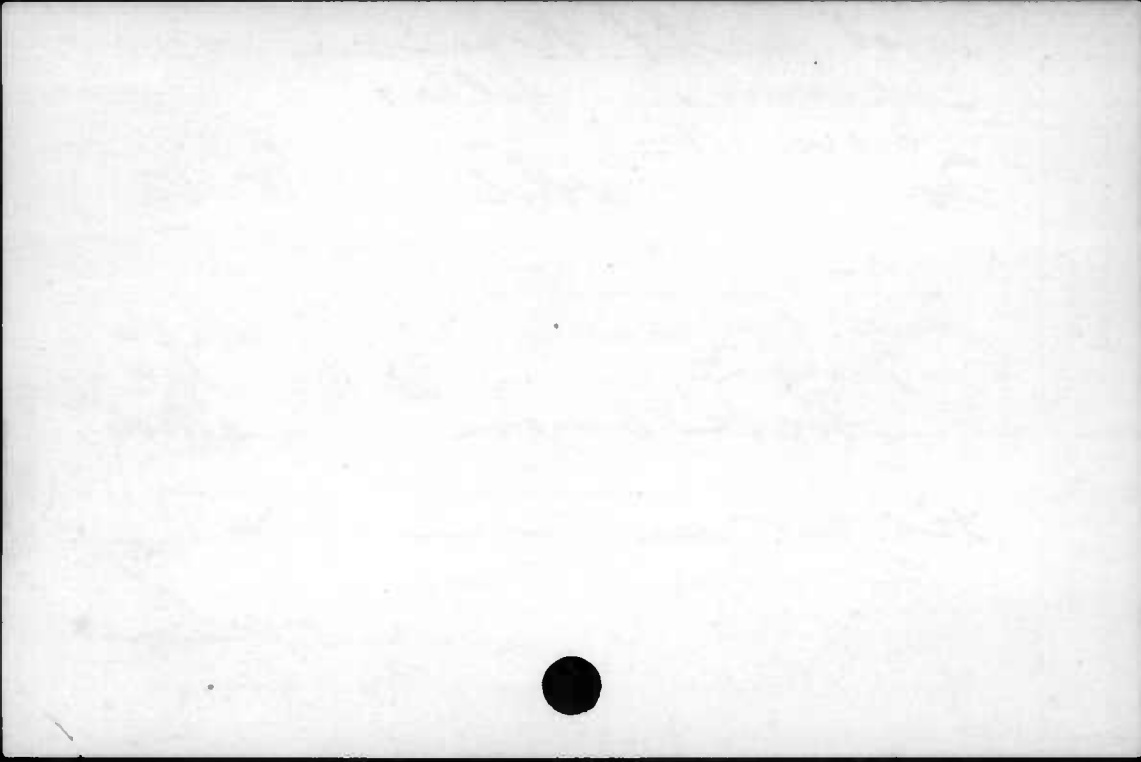
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> ^{Town}			<i>Allegheny</i> ^{County}			MARYLAND	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>3</i>	Age <i>59</i>	Years <i>59</i>	Months	Days	
Sex <i>male</i>	Color or Race <i>English</i>		Birth-place <i>England</i>				
Occupation <i>miner</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>			Name of Wife or Husband				
Father's Name <i>Roberts</i>			Father's Birthplace <i>England</i>				
Mother's Maiden Name			Mother's Birthplace <i>England</i>				
Name of person giving information <i>Sanford Roberts</i>			How related to deceased <i>son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia from fractured rib</i>	How long <i>10 days</i>
Immediate <i>Pneumonia (traumatic)</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Brown</i>
	Address <i>Frostburg Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jefferson</i> <small>Town</small>		<i>Alley</i> <small>County</small>		MARYLAND	
Date of death <i>1906 Jun 11</i>		Age <i>7</i> <small>Years</small>		<i>7</i> <small>Months</small>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>W. Va</i>	
Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Robinson</i>		Father's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>Mary Surman</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Jos Robinson</i>		How related to deceased <i>71</i> <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Did not see case</i>	How long <i>one day</i>
Immediate <i>but think it was</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thompson</i>
	Address <i>Jefferson</i>
Accident or Suicide?	<i>✓</i>

Island E. Mayer.

McCluskie Cemetery

Name
in
Full

Elmer Edward Sackman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

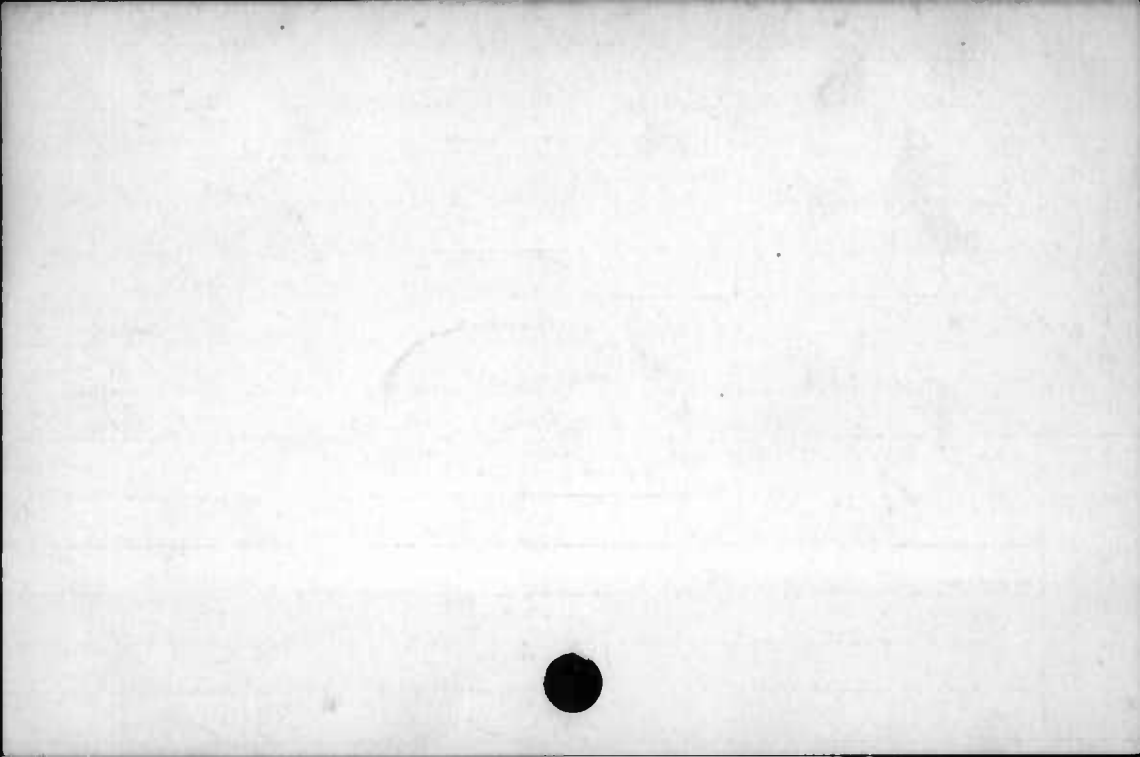
Died at <i>Westernport</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>1</i> ^{Month}	<i>26</i> ^{Day}	Age <i>—</i> ^{Years}	<i>5</i> ^{Months}	<i>13</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John E. Sackman</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Lula A. Raines</i>			Mother's Birthplace <i>West Va</i>		
Name of person giving information <i>Lula R. Sackman</i>			How related to deceased <i>Mother</i>		

Wilson

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spasmodic Croup</i> <i>(68)</i>	How long <i>24 hrs.</i>
Immediate <i>Asphyxiation</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>T. L. Wilson</i>
	Address <i>Piedmont, W. Va.</i>
Accident or Suicide? <i>✓</i>	<i>✓</i>



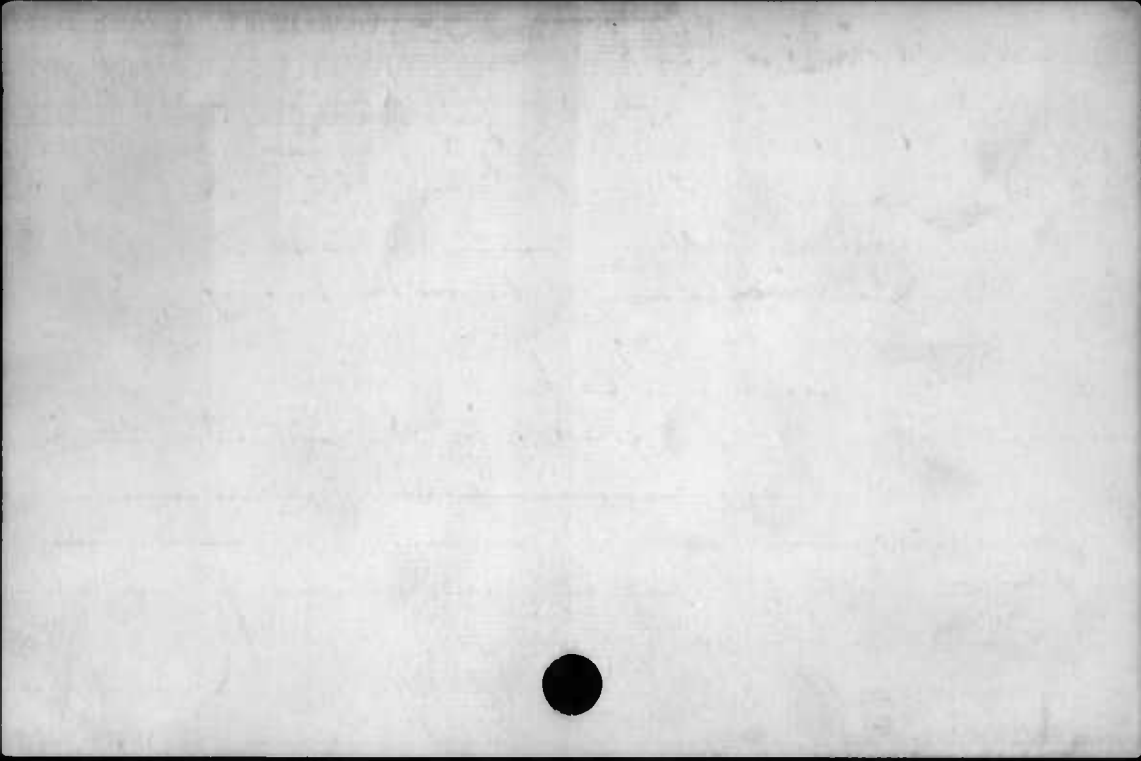
Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full <i>Bridget Sarsfield</i>		Town <i>Piedmont</i>		County <i>Mineral</i>		State <i>MARYLAND</i>	
Died at <i>Piedmont</i>		Month <i>1</i>		Day <i>19</i>		Years <i>63</i>	
Date of death <i>1906</i>		Month <i>1</i>		Day <i>19</i>		Age <i>63</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		Months <i>2</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Piedmont</i>		Days <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Thomas Sarsfield</i>		Father's Name <i>John O'Shah</i>		Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Mary O'Shah</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>M. J. Sarsfield</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

Primary <i>Arterio Sclerosis</i>	How long <i>10 days</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. Wilson</i>
	Address <i>Piedmont, W. Va.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Scott* -

Town *Cumtob* County *Allegheny Co* MARYLAND

Died at *Cumtob*

Date of death *1906* Month *1* Day *29* Age *48* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Cumtob*

Occupation *-* Where Residing if not at place of death *Meyersdale Pa*

Married, ~~Wife~~ or ~~Widowed~~ Name of ~~Wife~~ or Husband *Archie Scott*

Father's Name *-* Father's Birthplace *-*

Mother's Maiden Name *-* Mother's Birthplace *-*

Name of person giving information *-* How related to deceased *-*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Abcess Perinatal* (144) How long *3 weeks*

Immediate *Septic Infection* How long *1 week*

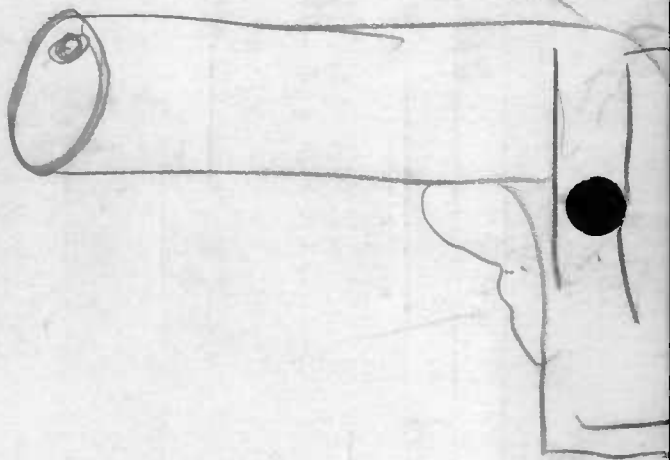
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E.H. White*

Address *Cumtobland Ind*

Accident or Suicide? *✓*

Queen Smith



Name
in
Full

CERTIFICATE OF DEATH

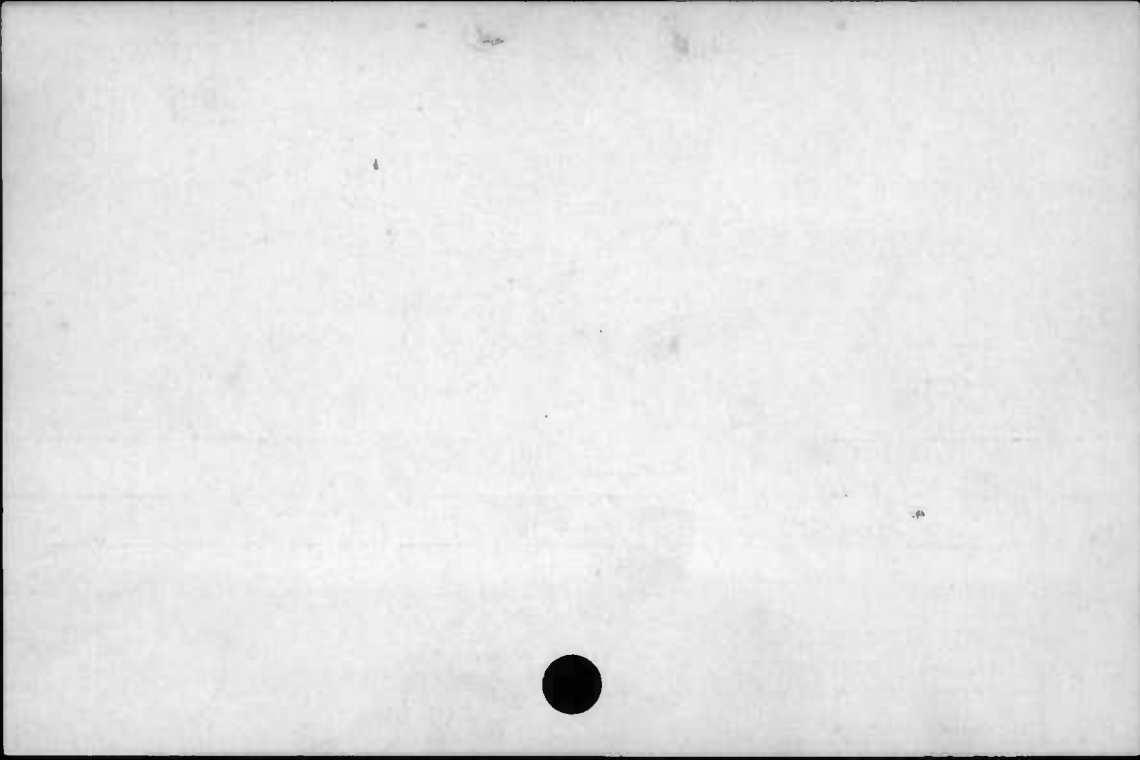
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Franklin</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	1906	Month	1	Day	3
Sex	Female	Color or Race	White	Age	76
Occupation	Retired	Birth-place	Ireland	Where Residing if not at place of death	Franklin
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Sheehan	Father's Birthplace	Ireland		
Mother's Maiden Name	Mary O'Farrell	Mother's Birthplace	Ireland		
Name of person giving information	J. E. Murphy Sister	How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bright's Disease	How long	2 or 3 years
Immediate	Exhaustion	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. B. Shupe
		Address	Westonport Md.
Accident or Suicide?			✓



Name

in
Full

CERTIFICATE OF DEATH

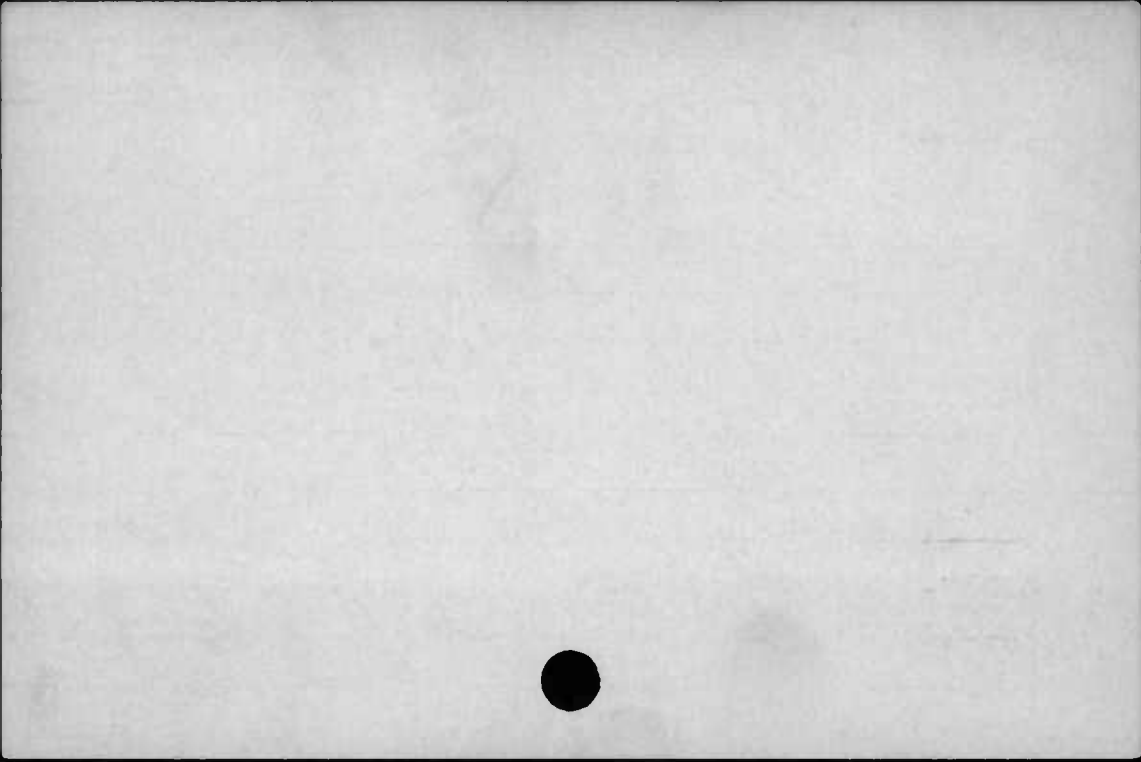
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Jan.</i> ^{Month}	<i>14</i> ^{Day}	Age <i>Years</i>	<i>Months</i>	<i>5 minutes</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>_____</i>		
Mother's Maiden Name <i>Annie Smith</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Annie Smith</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>5 minutes</i>
Immediate <i>Asphyxia</i>	How long <i>5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Hodges M.D.</i>
	Address <i>Cumberland, Md.</i>
Accident or Suicide? <i>✓</i>	



Name

in
Full

Child of Joshua Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{town} Cumberland

County

accusing

MARYLAND

Date

of death 1906

Month

1

Day

4

Age

Years

Months

Days

Sex

Wife

Color or
Race

Black

Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Joshua Taylor

Father's
Name

Joshua Taylor

Father's
Birthplace

Cumberland

Mother's
Maiden NameMother's
Birthplace

" "

Name of person giving
information

Jane Taylor

How related
to deceased

Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dead in Utero

How long

Unknown

Immediate

Still-born

How long

Unknown

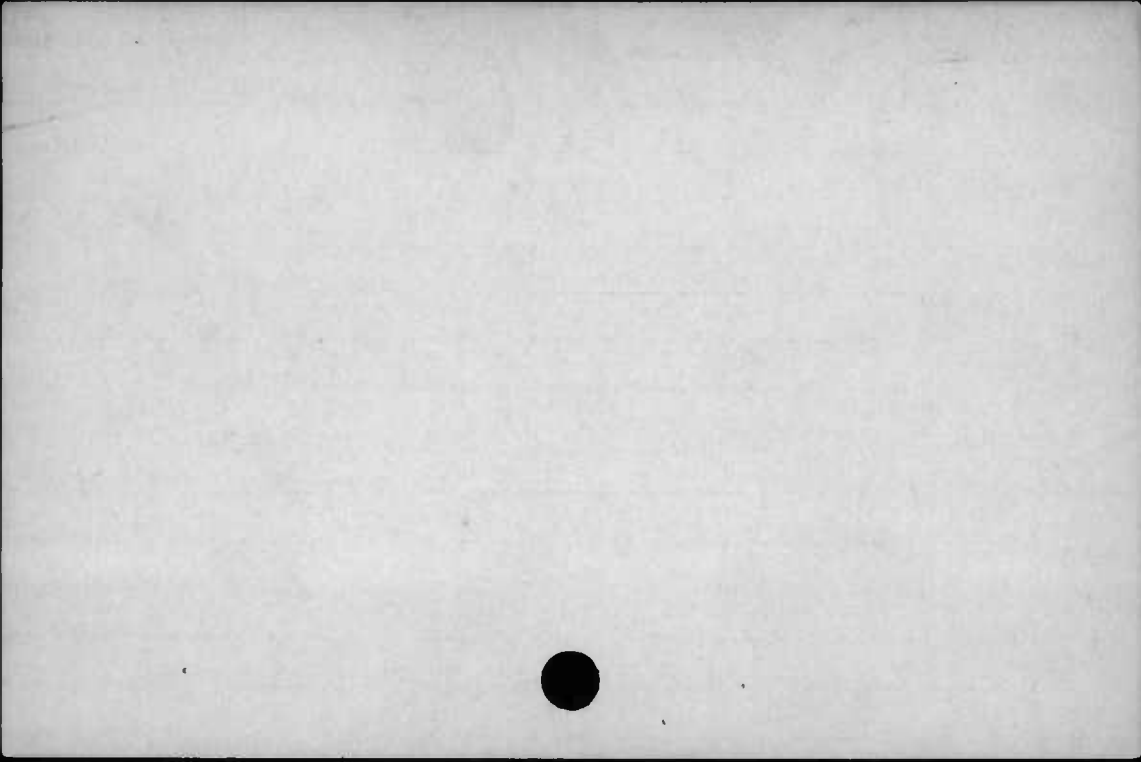
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

W. R. Hodges M.D.

Address

Cumberland, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

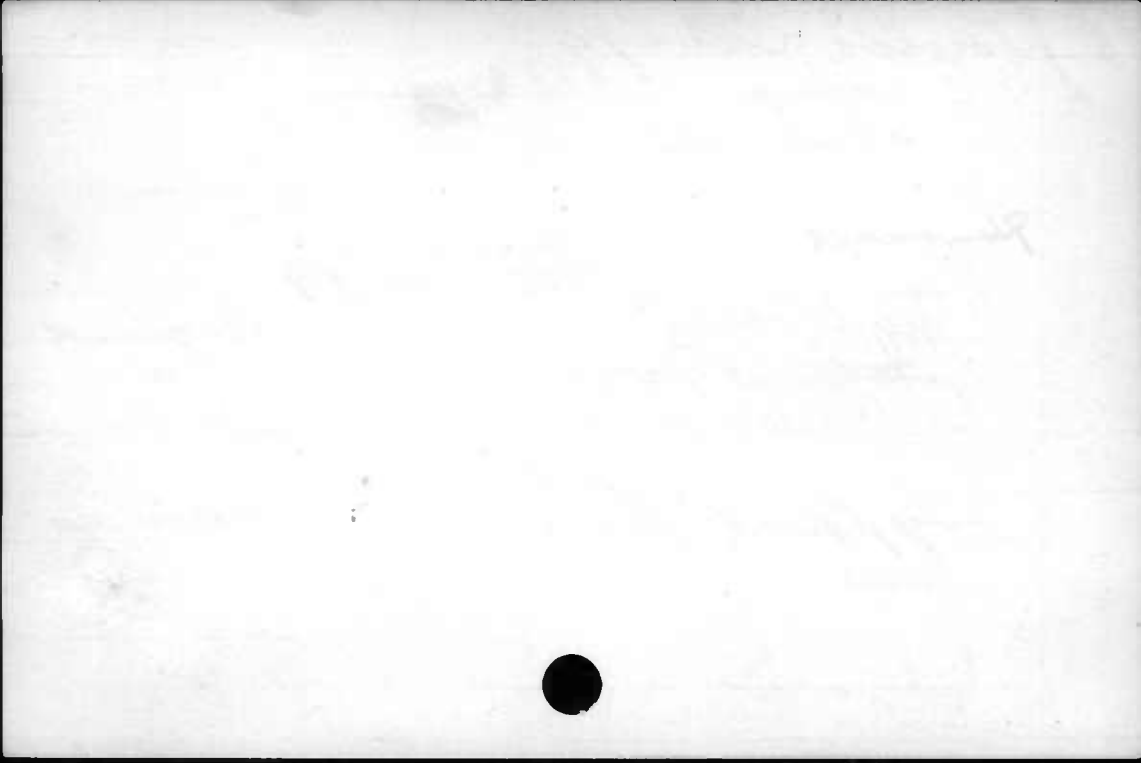
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Truly</i>		Town <i>Lord</i>		County <i>accusany</i>		MARYLAND	
Died at <i>Lord</i>		Date of death <i>1906 Jan</i>		Day <i>21</i> Age <i>1</i>		Months <i>0</i> Days <i>28</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lord</i>			
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Bouglas Truly</i>		Father's Birthplace <i>Somerset</i>					
Mother's Maiden Name <i>Jennie Rae</i>		Mother's Birthplace <i>Scotland</i>					
Name of person giving information <i>Bouglas Truly</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>4 weeks</i>
Immediate <i>Spasms</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James B. Bullock</i>
	Address <i>Somerset Maryland</i>
Accident or Suicide? <i>no -</i>	<i>✓</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Louisa Twigg

Town *Harrodsburg* County *Allegany*

Died at *Harrodsburg*

Date of death *1906* Month *Jan'y* Day *22* Age *28* Years Months *8* Days

Sex *F* Color or Race *W* Birth-place *Leicester Ind*

Occupation *Housewife* Where Residing if not at place of death *Harrodsburg Ind*

Married, Single or Widowed *Married* Name of Wife or Husband *Mr Twigg*

Father's Name *Mr Wright* Father's Birthplace *England*

Mother's Maiden Name *John Wright* Mother's Birthplace *W*

Name of person giving information *Mr Longg* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid fever* How long *4 weeks*

Immediate *Intest Hemorrhage Ventricular* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *L Griffiths*

Address *Harrodsburg Ind*

Accident or Suicide? *✓*

10m

Poster binazovid

Name
in
Full

CERTIFICATE OF DEATH

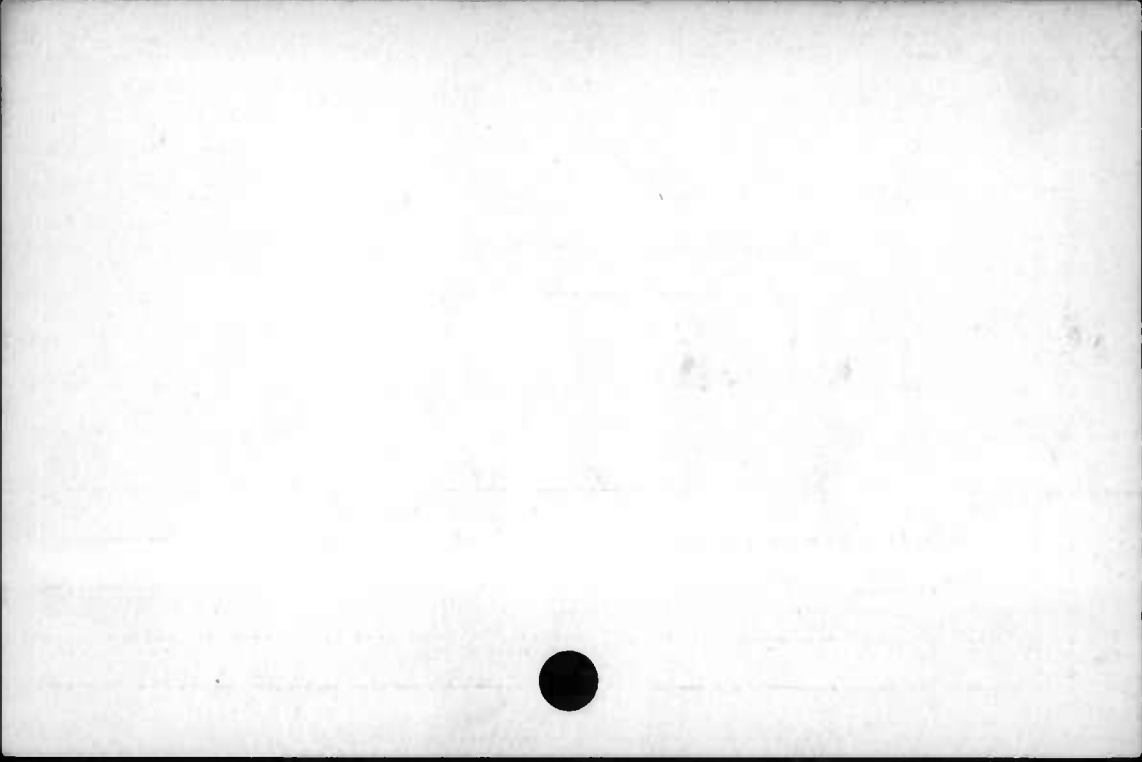
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ind Saray</i>		County <i>Alligany</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Jan</i>	Day <i>10</i>	Age <i>3</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>or white</i>		Birth-place <i>Ind Saray Ind</i>		
Married, Single or Widowed			Occupation _____		
Name of Wife or Husband					
Father's Name <i>Richard White</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Alice Holtzman</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Miriam White</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Membranous Croup</i> (9)	How long	<i>24 hr</i>
Immediate	<i>Asphyxia</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. Alan E. Mumford</i>
		Address	<i>Ind Saray</i>
Accident or Suicide?	<i>Accident</i>		<i>Ind</i>



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Amst</i>		Town <i>Shields</i>		County <i>Van Horn</i>		MARYLAND	
Date of death	1906	Month	Jan	Day	16	Age	allgany
Sex	Male	Color or Race	White	Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	J. W. Van Horn				Father's Birthplace		
Mother's Maiden Name	Myrtal Brant				Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

Primary	<i>Syncope</i>	How long	10 days
Immediate	<i>Chorea</i>	How long	3
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>W. F. Wright</i>
		Address	<i>Amst</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER

